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**Research Guide to Decision Support System
National Cost Extracts
1998 - 2004**

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Chapter 1. Overview

The Decision Support System (DSS) is used by the U. S. Department of Veterans Affairs (VA) to manage its health care system and determine the cost of patient care. National Data Extracts (NDEs) have been created to facilitate access to the cost information. These extracts report costs of every inpatient and outpatient encounter provided by VA.

This document reports on the three NDEs that the DSS Decision Support Office refers to as the core NDEs; the inpatient discharge, inpatient treating specialty, and outpatient files. There are also clinical NDEs with information on medications dispensed, laboratory tests, results of selected laboratory tests, and diagnostic imaging. These are not included in this handbook; they are covered by VIREC Research User Guide: VHA Decision Support System (DSS) Clinical Extracts, <http://www.virec.research.med.va.gov/References/RUG/RUG-DSS01-03.pdf>

The goal of this handbook is to describe the contents of the DSS core NDEs and to provide instructions on how they may be used. Unlike a typical data dictionary or technical manual, this handbook provides task-oriented directions for using this DSS database. It focuses on four major topics:

- 1) Accessing NDE data files,
- 2) The types of cost data that are included,
- 3) Characterization of records, variables, and facilities that are included in the NDEs
- 4) Linking cost information in the DSS databases to clinical information in the VA utilization databases.

This handbook documents the inpatient and outpatient NDE files from FY98 through FY04.

The three core NDEs are structured differently. The outpatient NDE consists of one record for each unique clinic encounter. If a patient has multiple encounters at a single clinic within the same day, the outpatient NDE will consolidate those encounters and report only one record for that clinic. If a patient receives services from multiple clinics, there is a separate record for each clinic the patient visits. The outpatient data consist of nearly 100 million records, a data set so large that it must be distributed among several files.

There are two views of the inpatient data; discharge and treating specialty. The discharge view has one record for each hospital discharge that occurred during the fiscal year. This discharge file includes the entire cost of these stays, even if they began before the beginning of the fiscal year.

The second view is by treating specialty. This view separates the stay into segments based on treating specialty (the type of unit where care was provided, also known as the bedsection). A separate record represents each segment of the stay. The treating specialty extract includes only utilization from a single fiscal year. It includes costs incurred by patients who have not yet been discharged. The inpatient specialty NDE is a monthly cost report. If the length of a bedsection stay covers more than one month (called a fiscal period in this extract), the treating specialty NDE will include multiple records, one for cost incurred in each month.

Each NDE contains the total cost of the encounter and fields to identify the patient, the location of service, and the date it occurred. Subtotals are provided for different categories of cost: laboratory,

pharmacy, surgery, radiology, nursing and all other care. Each of these subtotals is further subdivided into fixed direct, variable direct, and indirect costs.

These extracts are stored as SAS files at the Austin Automation Center. They may be accessed using SAS batch programs, or by using the features of the KLF Menu, a web-based interactive system developed for non-programmers. This manual focuses on the contents of the SAS files. For more information on how to access the KLF Menu, see VIREC Insights, Volume 3, Issues 2 and 3: <http://www.virec.research.med.va.gov/References/VirecInsights/Insights.htm>. You must be on the VA Intranet to access the KLF Menu.

Proc contents of the core NDEs (OPAT, DISCH, TRT) since FY00 are available on the HERC web site page on DSS located on the private VA network.

Because the DSS NDEs do not contain detailed clinical information such as treatments and diagnosis, researchers often need to merge the NDEs to the VA health care encounter files, including the Patient Treatment Files (PTFs) and National Patient Care Database (NPCD) outpatient files. This handbook describes the methods of merging each type of NDE file to the associated encounter file and presents some of the problems in merging these databases. Information on how well these databases reconcile in FY00 is contained in the previous edition of this guidebook, which is available at <http://www.herc.research.med.va.gov/Pubs.htm> under the heading 'Archived HERC Cost Guides.' These reconciliations for subsequent years are contained in HERC Technical Reports available at the same web site under the heading 'Technical Reports.'

The National Data Extracts were first developed in FY98. Because some sites were behind the schedule in implementing the DSS, FY98 NDE files are not complete. Also, human errors and computer bugs caused FY98 data to contain records of unreasonably expensive services. As the FY98 NDE data were considered part of a pilot database, file name and location were not standardized. Although the quality of FY99 data was improved, these files still have problems. Researchers who use the NDEs in FY98 and FY99 *should evaluate the data carefully*.

The NDE FY00 files are much better in terms of completeness in records and accuracy in costs. Most problems identified in the FY98 and FY99 data were fixed in the FY00 national extracts, and the data quality has continued to improve in subsequent years. However, the NDE files do not reconcile completely with the PTF and NPCD Outpatient files. Over time, due to improved coding and improvements to the databases, the differences between the DSS NDEs and the PTF and NPCD have decreased. Therefore, researchers will still need to evaluate the data to see if utilization and cost are reasonably reported in the database. This handbook provides guidelines for data evaluation. Additional information on the reconciliation between the DSS cost NDEs and the PTF and NPCD are available in HERC technical reports <http://www.herc.research.med.va.gov/Pubs.htm>.

Chapter Summary

This handbook describes the core National Data Extracts (NDEs) of the Decision Support System (DSS). These files report the cost of every inpatient and outpatient encounter provided by VA. The handbook explains how to access the files, the data they include, and how they may be linked to VA utilization databases. It describes the NDE files created from the 1998 through 2004 fiscal years. The NDE is made up of multiple files, including two views of inpatient data and one of outpatient data.

Chapter 2. Permission to Use DSS National Extracts

To access the national extract one must be a VA employee and must have an account at the national VA computer center in Austin, Texas. Users must also complete a “[Time Sharing Request Form](#).” Users who wish to work with true Social Security Numbers must also complete a “[Privacy Act Statement](#).” Non-VA users must obtain additional approval. These forms are included in this manual as Appendix A.

The VA Information Resource Center (VIREC) assists VA researchers with obtaining permission to use VA datasets. Detailed information on how to obtain a computer account are available from the VIREC website (<http://www.virec.research.med.va.gov>).

2.1 Time Sharing Request Form

The user must complete the standard form [VA Form 9957](#) to obtain permission to use VA files at the Austin Automation Center. The applicant must provide his or her name, Austin account number, and one of the functional task codes listed below. Most users will use the first task code, which provides access to the files that use scrambled Social Security Numbers as the patient identifier. **The special permission to access the file with true social security numbers is described below.**

Task code	Access level
110TT10	DSS extracts with scrambled Social Security Numbers only
110TT11	DSS extracts and access to real Social Security Numbers for a particular medical center
110TT12	DSS extracts and access to real Social Security Numbers for a particular VISN
110TT13	DSS extracts and access to all real Social Security Numbers

This form must be signed by the applicant’s first-level supervisor as the “Requesting Official.” It is then filed with the local information security officer, who assigns the task codes.

2.2 True Social Security Numbers

VA uses the true Social Security Number (SSN) as the patient medical record number. For some studies, the researcher may know the true SSNs of study participants, and would like to learn the cost of care. This requires access to data identified by true SSNs. Access to the true SSNs of patients from a single station or a single network may be granted by a medical center director.

The VA procedure to obtain access to the national dataset with true SSNs is evolving. The current procedures are listed on the web site of the VA Information Resource Center (www.virec.research.med.va.gov). In general, the local information security officer is the first point of contact. The request must be accompanied by a completed [privacy act statement](#). Researchers must also obtain permission from a Human Subjects Review panel, obtain local approvals, and then the approval of the national office of the Research and Development Service. The request is then reviewed by the privacy office in VA headquarters.

The NDEs do not include true SSNs as a variable. To find the NDE records for patients based on true SSNs requires linking the true SSNs to the encrypted SSNs that are included in the NDEs. These linkages are found in files that include a record for each patient, and both true and encrypted SSNs. The files that act as a “crosswalk” between the true and encrypted numbers are named as follows:

RMTPRD.PRO.DSS.NATL.REALSSN.FYxx
RMTPRD.PRO.DSS.STA.REALSSN.FYxx
RMTPRD.PRO.DSS.VISN.REALSSN.FYxx

The last two digits of the fiscal year should be substituted for xx. The station-level file is named using the 3-digit station identifier. The extract and the crosswalk file must be sorted using encrypted Social Security Numbers. They should then be merged using the encrypted Social Security Numbers as the merge variable in the SAS data step. The resulting data set will contain the true Social Security Numbers. Users should strive to protect patient confidentiality by using only those true Social Security Numbers needed for their study; these should be stored only as long as they are needed. Researchers should also be aware that there can be errors in this linking process. It is a good idea to use other identifying information such as date of birth to confirm the linkage. At the time of the writing of this guidebook, these files did not exist for all years; the national file exists for FY01-FY03, and the other two files exist for FY01 and FY 03, but not for FY02.

2.3 KLF menu

Reports generated from the NDE files are available from the KLF menu website. Researchers can also customize the reports for a specific medical condition, facility, or both. KLF must be accessed with Microsoft Internet Explorer; other web browsers may not be fully compatible. The userid, password, and domain are the same as those used for VA exchange email.

2.4 Non-VA Users

The above permissions apply to VA employees and individuals who work for VA without compensation (WOC status). Individuals not employed by or affiliated with the U.S. Department of Veterans Affairs who wish to use the national extract must submit the same forms as other users (except the VA9957 Time Sharing Request Form), and submit their request to John Bonsall at the VA DSS Bedford Technical Support Office at (781) 275-9175, extension 106.

Chapter Summary

The steps for obtain permission for to use the DSS NDE files is described. Users must complete a “Time Sharing Request Form” and obtain local approvals. Those who wish to work with true Social Security Numbers must also complete a “Privacy Act Statement.”

Chapter 3. Cost Data in the National Extract

3.1 How DSS Estimates Cost

DSS extracts data from the VA general ledger (Financial Management System) and the VA payroll system (PAID). FMS and PAID track expenditures by Budget Object Code. The Budget Object Codes distinguish the type of expense, identifying specific job categories (e.g., physicians, nurses, etc), or type of supplies or equipment. These systems also track expenditures by the service, an administrative entity such as nursing, laboratory, or medicine. Neither the Budget Object Code nor the service corresponds to a particular location where patient care is provided. Data must be entered into DSS to allocate costs to cost centers defined by their function.

This allocation of cost from FMS and PAID is done by the Account Level Budgeter (ALB). Costs are assigned to Account Level Budget Cost Centers (ALBCC). These cost centers consist of patient care departments such as primary care clinics, intensive care wards, or psychiatric units, as well as overhead departments, such as administration or environmental services.

Data on employee activities are used to allocate expenses. The payroll expense of physicians is allocated using individual time reports completed by each physician. Some medical centers use time reports for all employees. At other medical centers, the allocation of the non-physician labor cost is based on periodic reports made by managers. The ALBCC report includes detail on each type of cost, including the Budget Object Code (BOC). This code distinguishes the labor type, such as physicians versus nurses.

In the next step, costs are distributed to patient care departments and then to intermediate products. This is carried out in the DSS Department Cost Manager (DCM).

The costs of a few ALB cost centers, called “dead end accounts,” are not carried from ALBCC to DCM. Dead end accounts represent costs that have no corresponding workload. An example is services provided under contract.

Costs of overhead are distributed in a “step down” method. The DSS step down restricts the cost of some overhead departments so that they are only distributed to the corresponding patient care departments.

DCM tracks costs using six categories, including three categories for employee labor and a category for contract labor. The variable labor (VL) categories include VL2 (nursing), VL4 (providers including physicians, psychologists, dentists, nurse practitioners, and residents and interns), VL5 (contracted labor) and VL1 (all other).

DCM also extracts information on the workload produced by each department. This workload is a count of the number of units of each intermediate product produced by that department. An intermediate product is a specific service or product used in a hospital stay or outpatient visit. Examples include: a chest x-ray, a day in the medical ward, or a 15-minute block of time in the operating room.

Relative values are used to distribute costs among intermediate products. VA provides sites with a national template of relative values that medical centers may modify to reflect local conditions.

Each intermediate product has a set of six relative values, one relative value for each type of cost. Relative values for labor costs are expressed in minutes. For example, the relative value for nursing labor is the number of minutes of nursing labor ordinarily required to make that product. Because of differences in operating structure, service volume, and management methods, the number of minutes allocated to the same service varies across medical centers.

To find the nursing labor cost in a product, DSS multiplies the expected minutes of nursing labor (the relative value) by the mean cost of nursing labor per relative value unit. This mean cost is found by dividing the department's nursing labor cost by its nursing labor workload. The workload is the sum of the expected minutes of nursing labor required to produce all of intermediate products of the department.

For each product, DSS identifies the cost for each of the six types of expense. These are added together to find the total cost of that intermediate product. DSS computes two different intermediate product costs: a standard cost, based on expected department cost and workload, and an actual cost, based on the department's actual cost and workload.

The Clinical Cost Manager (CCM) finds the number of intermediate products used in each health care encounter (e.g., in an outpatient visit or hospital stay). It multiplies the number of products used in the encounter by the cost of each product. The cost of all products is summed to find the total cost of the encounter. CCM also makes two cost estimates, a standard cost and an actual cost.

3.2 Cost Data Reported in the NDEs

DSS national data extracts report the total actual cost of each encounter. They also report cost sub-totals. The sub-totals are the costs incurred in a group of departments. The designers of the NDE assigned DSS departments to six mutually exclusive groups: nursing, surgery, laboratory, radiology, pharmacy, and all others. The group of nursing departments represents inpatient nursing costs; it is not used in the outpatient NDE files. Table 3.1 lists the departments associated with each of these cost categories.

Surgery cost includes costs such as pre-op, recovery, the operating suite and the recovery room. It does not include the cost of surgical clinics (for outpatient care) or the daily cost of surgical wards (for inpatient care). The nursing costs include the cost of operating regular acute-care wards and long term care units, but should not include any physician costs. The sum of the costs reported in the six department groups is equal to the total cost of the encounters.

Table 3.1 Cost Categories and Corresponding Intermediate Product Departments

Cost Category	Intermediate Product Department	DSS Code for Intermediate Product Department
Laboratory	All laboratory departments	Codes beginning with “L”
Pharmacy	All pharmacy departments	Codes beginning with “D”
Radiology	Radiation therapy	Codes beginning with “H”
	Medical ultrasound	MTB
	Diagnostic radiology	Codes beginning with “X”
	Radiation therapy treatment	ZT/Z06
	Send outs radiation therapy	ZT/Z07
	Inpatient radiation therapy MD care	ZT/Z08
Nursing	Inpatient Nursing Units	Codes beginning with “U”
	Geriatric Nursing Units	32
	Domiciliary	40, 45, 4L
	PRRTP Units	P4A, P4B, P4C, P4D, P4E, P4F, P4G
Surgery	Operating Room	S31
	Anesthesia Pre OR, OR and Post OR.	S3S, SSJ, G31, G3S, GSJ
	Cysto room	S34
	Implants	S36
	Ambulatory surgery OR	ASX, SSX
All Other		

Each cost sub-total is divided into three categories: fixed direct costs, variable direct costs, and indirect costs. Direct costs are those that are directly attributable to a patient care department. Costs that are incurred regardless of the volume of services provided are considered fixed costs. Costs that vary with the volume of services provided are called variable costs. Variable costs consist of supplies and the cost of labor that might be released if workload decreased. Indirect costs are the costs of overhead departments such as housekeeping, engineering, and administration. Because indirect costs are fixed in the short-term, the category of variable indirect costs does not exist.

3.3 Cost Information in Current Year File

NDEs for the current year include information from the beginning of the fiscal year up to the current month. For example, the March extract will contain information from October 1 to March 31. When a new current-year extract is created, it is a cumulative file that replaces earlier files for the fiscal year. Thus the March extract will replace the February extract.

DSS finds the actual cost of intermediate products by dividing the total cost of a department by its total workload. The workload is expressed in relative value units, and each product has a relative value associated with it. Since cost and workload change as the year progresses, the unit cost of an intermediate product may change monthly as the year progresses. As a result, there may be some change in costs as new cumulative extracts are created during the fiscal year. A particular intermediate product that was produced in October may be reported with one cost in the February extract and may have a slightly different cost in the March extract.

A final extract is created at the end of the federal fiscal year, representing the period October 1 through September 30. Since the final extract contains costs created by averaging that fiscal year's monthly costs, the DSS costs reported at the end-of-year extracts are stable, and should never change.

3.4 Cost Estimates for Prior Year Utilization

DSS cost estimates are based on unit costs of intermediate products estimated in the same fiscal year as the year of the file. For example, cost estimates in the FY98 file would be based on FY98 costs, **not FY97 costs**. The discharge file contains information on hospital stays that ended in the current fiscal year. Some of these stays began in a previous fiscal year. The cost of utilization that is from a prior fiscal year is estimated using the current fiscal year's unit costs.

3.5 Cost Information for Integrated Facilities

When two facilities are integrated, the legacy facility becomes a division of the primary facility. The new legacy facility's station number is the primary facility's station number followed by a suffix. For example, the medical center identification number (the variable called "STA3N") only contains 3 digits of a station number. Cost information for the legacy facility is under the old station number before the integration and under the primary facility's STA3N number after the integration. If integration occurs at the beginning of a fiscal year (i.e. October 1), the legacy facility's old station number will disappear from the new fiscal year and its cost information will be under the primary facility's station number. However, if two facilities integrate in the middle of a fiscal year, encounters that occurred **before** the integration will be recorded under the legacy facility's old station number and encounters that occurred **after** the integration will be under the primary facility's station number. In this case, the legacy facility's old station number in the NDE files appears until the month of the integration. Facility integrations that have taken place since 1998 are reported in Table 3.2.

Table 3.2. Facility Integration Records, FY98 to FY04

Date of Integration	Integrated Facility (primary facility/legacy facility)	Old STA3N	New STA3N
January 1998	Eastern Kansas Health Care System (Topeka/Leavenworth)	686	677
July 1998	VA Montana Health Care System (Fort Harrison/Miles City)	617	436
October 1998	North Florida/South Georgia Veterans Health Care System (Gainesville/Lake city)	594	573
	VA Greater Los Angeles Health Care System (West Los Angeles/Southern California System of Clinics)	752,665	691
July 1999	VA Boston Health Care System (Boston/Brockton/West Roxbury)	525,690	523
October 1999	New York Harbor Health Care System (New York/Brooklyn)	527	630
	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Canandaigua)	532	528
April 2000	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Syracuse)	670	528
	VA Central Plains Health Network –VISN 14 (Omaha/Greater Nebraska Health Care System)	597	636
July 2000	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Albany)	500	528
	VA Health Care Network Upstate New York System (VA Western New York Health Care System/Bath)	514	528
	VA Central Plains Health Network –VISN 14 (Omaha/Central Iowa Health Care System)	555	636
October 2000	VA Tennessee Valley Health Care System (Nashville/Murfreesboro)	622	626
	VA Central Plains Health Network –VISN 14 (Omaha/Iowa city)	584	636
April 2001	Harry S. Truman Memorial, VA Medical Center (Kansas City/Columbia)	543	589
	John J. Pershing VA Medical Center (St. Louis/Poplar Bluff)	647	657
July 2001	VA Eastern Kansas Health Care System – Colmery Medical Center (Kansas City/Topeka)	677	589
	St. Louis VA Medical Center – John Cochran Division (St. Louis/Marion)	609	657
October 2001	Robert J. Dole Dept. of Veterans Affairs Medical Center (Kansas City/Wichita)	452	589
	Eastern Colorado Health Care System (Denver/Pueblo)	567	554

There have been no facility integrations since October 2001.

Chapter Summary

The methods for determining costs in DSS are described. Costs reported in the VA payroll and general ledger are assigned to cost centers. Indirect costs are distributed to direct cost centers. Cost, workload, and relative value measures are combined to estimate the unit cost of each intermediate product. The cost of these units and the quantity of intermediate products are used to find the cost of each health care encounter. The NDE files report the cost of each encounter, as well as sub-totals for the cost incurred in groupings of departments. Files are updated periodically to report costs incurred in the fiscal year to date.

Chapter 4. Outpatient Extracts

The outpatient extract consists of information on all VA outpatient visits, as well as the cost of outpatient laboratory, pharmacy, ancillary services, and other care not tied to a specific outpatient visit. Due to the very large number of records in this database, the file is divided into parts, with all of the pharmacy records in a separate file.

4.1 Outpatient Extract Files

The first outpatient extract was created for FY98. Facilities were divided into two groups, each having two data files. All medical and pharmaceutical data from the first half of the year (10/97-03/98) appears in one file, and all data from the second half of the year (04/98-09/98) appears in the second file. A new system for organizing the outpatient extract files was adopted starting with FY99. Facilities are now sorted by VISN into one of four groups. For each group, all medical records for the fiscal year appear in one file and all pharmaceutical records that belong to a single clinic stop (160) in a second file. The file location, name, and number of records are presented in Table 4.1.

The outpatient NDE consolidates multiple visits to the same clinic stop on the same day into a single record. The outpatient pharmacy file is limited to one record per patient on the same day. It includes medications dispensed in the outpatient clinics, medications dispensed by the outpatient pharmacy, and medications mailed to the patient by the Consolidated Mail Order Pharmacies (CMOPs). The total cost of a pharmacy record includes the total cost of all medications dispensed, but does not include any information about what medications were dispensed.

Table 4.1 Outpatient NDE File and Number of Records, FY98 to FY04

Year	File Group	Extract File Name	No. of Records
FY98	Group 1	RMTPRD.S654HAW.DSS.FY98FRST.KLFOPAT1 RMTPRD.S654HAW.DSS.FY98LAST.KLFOPAT1	26,045,057 27,567,984
	Group 2	RMTPRD.S654HAW.DSS.FY98FRST.KLFOPAT2 RMTPRD.S654HAW.DSS.FY98LAST.KLFOPAT2	14,870,977 15,649,569
FY99	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY99.OPAT RMTPRD.MED.DSS.SAS.V1TO5P.FY99.OPAT*	11,915,619 6,347,887
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY99.OPAT RMTPRD.MED.DSS.SAS.V6TO10P.FY99.OPAT*	14,691,337 10,279,671
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY99.OPAT RMTPRD.MED.DSS.SAS.V11TO16P.FY99.OPAT*	14,207,103 9,795,129
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY99.OPAT RMTPRD.MED.DSS.SAS.V17TO22P.FY99.OPAT*	14,112,262 8,597,002
FY00	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY00.OPAT RMTPRD.MED.DSS.SAS.V1TO5P.FY00.OPAT*	12,500,003 7,475,266
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY00.OPAT RMTPRD.MED.DSS.SAS.V6TO10P.FY00.OPAT*	15,216,734 11,751,257
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY00.OPAT RMTPRD.MED.DSS.SAS.V11TO16P.FY00.OPAT*	15,162,257 11,431,268

Table 4.1, continued from previous page

Year	File Group	Extract File Name	No. of Records
FY00	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY00.OPAT	14,719,212
		RMTPRD.MED.DSS.SAS.V17TO22P.FY00.OPAT*	9,654,656
FY01	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY01.OPAT	13,159,928
		RMTPRD.MED.DSS.SAS.V1TO5P.FY01.OPAT*	8,902,298
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY01.OPAT	17,492,448
		RMTPRD.MED.DSS.SAS.V6TO10P.FY01.OPAT*	14,174,557
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY01.OPAT	16,063,267
		RMTPRD.MED.DSS.SAS.V11TO16P.FY01.OPAT*	13,404,763
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY01.OPAT	16,199,274
		RMTPRD.MED.DSS.SAS.V17TO22P.FY01.OPAT*	11,480,365
FY02	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY02.OPAT	13,396,491
		RMTPRD.MED.DSS.SAS.V1TO5P.FY02.OPAT*	10,088,030
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY02.OPAT	18,134,665
		RMTPRD.MED.DSS.SAS.V6TO10P.FY02.OPAT*	15,956,380
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY02.OPAT	17,133,529
		RMTPRD.MED.DSS.SAS.V11TO16P.FY02.OPAT*	14,916,937
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY02.OPAT	16,588,568
		RMTPRD.MED.DSS.SAS.V17TO22P.FY02.OPAT*	12,501,456
FY03	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY03.OPAT	13,577,745
		RMTPRD.MED.DSS.SAS.V1TO5P.FY03.OPAT*	10,672,868
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY03.OPAT	19,440,469
		RMTPRD.MED.DSS.SAS.V6TO10P.FY03.OPAT*	17,196,345
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY03.OPAT	18,040,875
		RMTPRD.MED.DSS.SAS.V11TO16P.FY03.OPAT*	16,126,706
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY03.OPAT	17,408,920
		RMTPRD.MED.DSS.SAS.V17TO22P.FY03.OPAT*	13,674,861
FY04	VISN 1-5	RMTPRD.MED.DSS.SAS.V1TO5.FY04.OPAT	14,323,269
		RMTPRD.MED.DSS.SAS.V1TO5P.FY04.OPAT*	11,391,146
	VISN 6-10	RMTPRD.MED.DSS.SAS.V6TO10.FY04.OPAT	21,454,968
		RMTPRD.MED.DSS.SAS.V6TO10P.FY04.OPAT*	18,857,25
	VISN 11-16	RMTPRD.MED.DSS.SAS.V11TO16.FY04.OPAT	19,650,360
		RMTPRD.MED.DSS.SAS.V11TO16P.FY04.OPAT*	17,554,627
	VISN 17-22	RMTPRD.MED.DSS.SAS.V17TO22.FY04.OPAT	18,718,647
		RMTPRD.MED.DSS.SAS.V17TO22P.FY04.OPAT*	14,958,866

*Pharmacy records.

4.2 Accessing Files: MVS Name vs. SAS File Name

One of the MVS file names included above must be included in the DD statement in the user's Job Control Language (JCL). The following examples illustrate use of the MVS and SAS file name for VISN 1 to 5 facilities for FY04. The DD statement tells the system what file is being used. The SAS statement (PROC CONTENTS) references the file as IN1.OUTPUT.


```
000001 //S640PGBX JOB XXXUNKA9,S640PGB,  
000002 // NOTIFY=&SYSUID,MSGCLASS=I  
000003 //STEP1 EXEC SAS  
000004 //IN1 DD DSN=RMTPRD.MED.DSS.SAS.V1TO5.FY04.OPAT,DISP=SHR  
000005 //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6,DISP=SHR  
000006 //SYSIN DD *
```

```
000001 //S640PGBX JOB XXXUNKA9,S640PGB,  
000002 // NOTIFY=&SYSUID,MSGCLASS=I  
000003 //STEP1 EXEC SAS  
000004 //IN1 DD DSN=RMTPRD.S654HAW.DSS.SAS.FY98FRST.KLFOPAT1,DISP=SHR  
000005 //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6,DISP=SHR  
000006 //SYSIN DD *  
000007 PROC CONTENTS DATA=IN1.OUTPUT;
```

4.3 Facilities in Outpatient Extract Files

Most of the medical centers reported records for the entire fiscal year. However, the DSS national extracts may not contain complete records for a facility if it does not enter all the workload before the NDE is generated. The NDEs may not show all the records under the same station number for stations that were integrated in the middle of a fiscal year. When two facilities integrate, the legacy facility becomes a division of the primary facility. The new legacy facility's station number is the primary facility's station number followed by a suffix. Because STA3N only contains 3 digits of a station number, the legacy facility will use the primary facility's STA3N. Therefore, the national extracts keep the legacy facility's old station number for health care encounters that occurred before the merger but use the primary facility's STA3N number for encounters that occurred after the merger. Tables 4.2 and 4.3 list fiscal years and months for each facility with less than complete reporting in each of the outpatient extract files.

Table 4.2. Facilities with Incomplete DSS Outpatient Data, FY98 to FY04

STA3N	Fiscal Year	Last Fiscal Period Reported	Missing Months
*617	1998	9	July - Sept
436	1998	9	July - Sept
*523	1998	12	June
*686	1998	3	Jan - Sept-
523	1999	8	June – Sept
*525	1999	9	July - Sept
529	1999	1	Nov – Sept
642	1999	9	July – Sept
537	1999	7	March – Sept
636	1999	9	July – Sept
436	1999	11	Sept
354	1999	11	Sept
*500	2000	9	July – Sept
*514	2000	9	July – Sept
*670	2000	6	April – Sept
543	2000	11	Sept
*555	2000	9	July – Sept
*597	2000	6	April – Sept
653	2000	11	Sept
*543	2001	6	April – Sept
*609	2001	9	July – Sept
*647	2001	6	April – Sept
*677	2001	9	July – Sept

*Integrated facilities (see Table 3.2).

Note, there were no facilities with incomplete data for FY02 – FY04

Table 4.3 Facilities with Incomplete Outpatient Pharmacy Encounter Files, FY99 to FY04

STA3N	Fiscal Year	Maximum Fiscal Period	Months Missing
436	1999	11	Sept
523	1999	8	June – Sept
*525	1999	9	July – Sept
529	1999	1	Nov – Sept
642	1999	9	July – Sept
537	1999	7	March – Sept
636	1999	9	July – Sept
654	1999	11	Sept
*500	2000	9	July – Sept
*514	2000	9	July – Sept
*670	2000	6	April – Sept
543	2000	11	Sept
555	2000	9	July – Sept
*597	2000	6	April – Sept
653	2000	11	Sept
*543	2001	6	April – Sept
*609	2001	9	July – Sept
*647	2001	6	April – Sept
*677	2001	9	July – Sept

*Integrated facilities (see Table 3.2).

Note, there were no facilities with incomplete data for FY02 – FY04

4.4 Outpatient NDE Categories

The outpatient National Data Extract includes outpatient services that are not in the National Patient Care Database (NPCD). The DSS outpatient NDE classifies outpatient services and events into eight categories. The NPCD category contains the records reported by the NPCD. The other seven categories are explained in Table 4.4. The eight categories are identified by 7 flag variables. The rest of the records belong to the “all other” category. If a record has the characteristic indicated by the flag variable, then the flag variable has a value of “Y,” otherwise it has a value of “N.” These flag variables are mutually exclusive. For each record, only one of the seven flag variables is set to “Y.” The definitions of the indicator variables are given in Table 4.4.

Table 4.4 Encounter Flag Variables Used in Outpatient Extract

Flag Variable Name	Pseudo DSS Stop	Flag Variable Indicates
1) NPCD	Not Applicable	Clinic visit reported in outpatient National Patient Care Database files
2) CLI	Based on clinic	Clinic appointment not appearing in the outpatient National Patient Care Database files—e.g., outpatient clinic visited by an inpatient
3) PROS	423	Prosthetics device
4) DDC	No code (missing values)	Denver Distribution Center record
5) NOSHOW	Based on clinic with missed appointment	Cost associated with missed appointment
6) PRE	160	Pharmacy utilization
7) UTIL	Based on clinic with these records	Utilization record -- reflects utilization that has no stop code, and no other flags can be assigned to.

DSS data are evaluated in the order that the flag variables appear in Table 4.4. Each type of utilization is reviewed to determine if it can fit in one of the categories represented by the flag variable. If it does not fit in the first possible category, it is then evaluated for each successive category.

The first step in assigning values to the seven flag variables is to determine whether the utilization data is associated with a clinic reported to the NPCD. If so, then NPCD is set to “Y,” all remaining flag variables are set to “N,” and a record is created with the cost of the encounter. If not, NPCD is set to “N” and the system moves on to the next flag variable. The second step considers whether the costs are associated with an outpatient stop for a clinic that appears in the VISTA scheduling package. An example of this type of care would be a visit to an outpatient clinic by a patient during his hospital stay. Such records are not transmitted to NPCD but *do* appear in DSS. If the record is of this type, the flag variable “CLI” is set to “Y” and all remaining flag variables are set to “N.”

In this manner, each category is considered in turn. A cost that does not belong to an earlier category is assigned to the final category, with the flag “UTIL” set to “Y.” Several records may be created with the flag UTIL=“Y”, each distinguished by a different pseudo-stop code.

A “pseudo stop” code is assigned by DSS to help identify care. The pseudo stop code is a value assigned to the clinic stop variables CLSTOP and CLNUM. These codes are “pseudo” because the record is not in the NPCD outpatient file and is not considered an outpatient encounter for VA budgeting purposes. All records with pseudo stop codes are distinguished by a value of “N” for the flag variable NPCD.

The pseudo stop code provides information about the nature of the care provided. If a prosthetics device is dispensed without the patient visiting a prosthetics clinic, for example, the CLSTOP flag is set to “423.” The flag for clinic visit (NPCD) is set to “N,” and the flag for Prosthetics (PROS) is set to “Y” to indicate the special nature of this record. The pseudo stop codes are particularly useful for

records with the flag UTIL="Y," as they identify the type of care, such as laboratory (CLSTOP=108).

To match the clinic stops used in the outpatient National Patient Care Database, the user should examine only those records with NPCD="Y."

DSS is phasing out the missed appointments (No Show) category. For FY05, sites has the option of assign costs to missed appointments. Starting the FY06, sites will no longer be able to assign costs to missed appointments.

4.5 Outpatient Cost Variables

Table 4.5 provides the names of the cost variables that are found in all years of the outpatient extract. The first five rows of this table represent the department groupings:

Laboratory	OLAB
Pharmacy	OPHA
Radiology	ORAD
Surgery	OSUR
All Other	OAO

In the initial versions of the DSS Outpatient NDE, the Nursing cost category (see Table 3.1) was not included. This was because the Nursing category in DSS was designed to capture all of the regular daily costs associated inpatient units, of which nurses are a major component. In FY 02 a new department grouping, Nursing (**ONUR**) was added to the outpatient files. The DSS National Data Extracts Technical Guidebook indicates that the purpose of the Nursing cost category in the outpatient NDE is to capture the costs associated with contract nursing homes and state veterans homes.

The columns of Table 4.5 represent the cost categories:

Fixed Direct	FD	Variable Direct	VD
Indirect Cost	FI	Total Cost	TOT

Each of the cost variables is a number with 10 digits. The fixed direct, variable direct, and indirect cost for each cost category sum to the total cost for that category. The sum of the total costs of all of the categories equals the grand total cost (**OCST_TOT**). As noted above, the all of the variable direct costs reported on the bottom part of Table 4.5 under the "selected cost" heading are already included in one of the six core cost categories listed on the top part of the table; adding these costs to the totals will double count them.

Table 4.5 Cost Variables in Outpatient Extract, FY98 to FY04

Cost Category	Fixed Direct	Variable Direct	Indirect Cost	Total Cost	Year Included
Laboratory	OLAB_FD	OLAB_VD	OLAB_FI	OLAB_TOT	FY98
Pharmacy	OPHA_FD	OPHA_VD	OPHA_FI	OPHA_TOT	
Radiology	ORAD_FD	ORAD_VD	ORAD_FI	ORAD_TOT	
Surgery	OSUR_FD	OSUR_VD	OSUR_FI	OSUR_TOT	
All Other	OAo_FD	OAo_VD	OAo_FI	OAo_TOT	
Total				OCST_TOT	
Nursing	ONUR_FD	ONUR_VD	ONUR_FI	ONUR_TOT	FY02
Selected Cost					
Pharmacy Variable Supply		OPHA_VS			FY99
VL4 ¹ Surgery		OSUR_VL4			FY00
VL4 ¹ Radiology		ORAD_VL4			
VL4 ¹ All Other		OAo_VL4			
VL5 ² Surgery		OSUR_VL5			
VL5 ² Radiology		ORAD_VL5			
VL5 ² All Other		OAo_VL5			
Prosthetics Labor		OPROLBR			
Prosthetics Supply		OPROSUPL			
Denver Distribution Center Supply		ODDCSUPL			
Home Oxygen		OHOMEOX			
Surgical Implant		OSURGIMP			

1. VL4: Variable labor cost of employee providers, including physicians, dentists, and psychologists.
2. VL5: Variable labor of contract providers.

Certain cost fields in the outpatient extract are found only in more recent files. Most were added in FY00. It is important to note that the costs reported under the Selected Cost category are also represented in the variable direct cost fields. To avoid double counting, the variable direct costs should never be added to these selected cost fields. The Selected Cost fields are defined as follows:

Variable cost of pharmacy supply (OPHA_VS). This variable represents the cost of all supplies used by the pharmacy for this record. (Remember that the record represents all pharmacy costs for this patient on this day). This variable supply cost is principally made up by the cost of the pharmaceuticals. This cost is estimated by making a strong assumption. For each pharmacy department, it is assumed that the variable supply costs are the same fraction of pharmacy costs.

This Direct Variable Cost for this record is multiplied by a percentage factor to determine its Variable Supply Cost.

Variable Cost of Pharmacy Supply = Pharmacy Direct Variable Cost x (A/B)

A is the total variable supply cost of the pharmacy department. B is the total direct variable cost of the pharmacy department (the sum of variable labor, variable supply, and all other variable costs).

The percentage factor (A/B) is the same for all outpatient pharmacy records at this medical center for this year. It is the total Pharmacy Variable Supply Cost of the pharmacy department at this medical center, divided by the department's Direct Variable Cost. This method assumes that the non-supply variable cost of each record is proportionate to the supply costs. The non-supply variable costs are Variable Labor (VL) and Variable Other (VO).

Variable Labor Cost category 4 and 5 (xxx – department name: SUR, RAD, AO) (Oxxx_VL4 and Oxxx_VL5). The two variable labor costs (VL4 and VL5) are reported in three departments: Surgery, Radiology, and All Other. These are the costs of providers, including physicians, psychologists, residents, dentists, etc. VL4 is cost for employee providers and VL5 is the cost for contracted services. Similar to the Pharmacy Variable Supply Cost, the VL4 and VL5 are found using the following formulas:

Variable Labor Cost (category 4) = Encounter Department Variable Direct Cost x (A/B)

A = Total Department Variable Labor Cost (category 4)

B = Total Department Direct Variable Cost (variable labor + variable supply + variable other)

Variable Labor Cost (category 5) = Encounter Department Variable Direct Cost x (A/B)

A = Total Department Variable Labor Cost (category 5)

B = Total Department Direct Variable Cost (variable labor + variable supply + variable other)

Prosthetics labor and supply costs (OPROLBR and OPROSUPL). Prosthetics supply costs include supply costs in the departments identified by codes that begin with the following characters: QSP*, QC2*, QC5*, QC7*, QCS*. Prosthetics labor costs include labor costs in these departments: QRA*, QSH*, QSI* (Q-S-letter I), QSN*, QR1* (Q-R-one).

Denver distribution center supply cost (ODDCSUPL). Denver Distribution Center contains the cost of hearing aids, eyeglasses, prosthetic supplies and other items provided by the VA Denver Distribution Center. The department code for the Denver Distribution Center Supply cost is OSO* (O, S, letter O).

Home oxygen cost (OHOMEOX). Department code ATX*, QC3*, QC4*.

Surgery Implant cost (OSURGIMP). Department code: S36*

Please note that '*' denotes that the fourth character in the Department Code may take any value. This last character may be used by a site to distinguish separate campuses or satellite clinics. .

4.6 Outpatient Utilization Units, Diagnosis, and Treatment

The national extract includes basic information on the quantity of health services utilized by patients during their encounter. Starting in FY00, some diagnostic and treatment data were added. These variables are summarized in Table 4.6.

Table 4.6 Utilization and Diagnostic Variables in Outpatient Extract, FY98 to FY04

Category	Variable Name	Description	Year Added
Utilization by department			
Laboratory	OLAB_UNT	Number of laboratory tests	FY98
Pharmacy	OPHA_UNT	Number of encounters to pharmacy clinic	
Radiology	ORAD_UNT	Number of X-rays	
Surgery	OSUR_UNT	Number of encounters to surgical clinic	
All Other	OAo_UNT	Primary encounters (No-Credit pairs)	
Nursing	ONUR_UNT	Number of contract nursing home or state home bed days	FY02
Treatment and diagnosis			
Treatment	PRIMCPT4	Primary CPT codes	FY00
Diagnosis	PRIMDX	Primary Diagnosis	

The unit for each cost category is defined differently, as follows:

Laboratory (OLAB_UNT). This is the number of tests in laboratory clinic tests for which there are costs reported in Laboratory DCM departments.

Pharmacy (OPHA_UNT). This is the number of encounters to pharmacy clinic. This is the number of days for which there are costs reported in Pharmacy DCM departments, including when CMOPs dispense medical by mail. **Please note that this is the number of days that medications were received, not the number of prescriptions.** The number of drugs and unit of drugs are not included in the national extracts. However, these data are available in the local DSS database.

Radiology (ORAD_UNT). This is the number of X-rays in the radiology clinic and radiological procedures in the Diagnostic Radiology and Nuclear Medicine.

Surgery (OSUR_UNT). This is the number of encounters to outpatient surgical clinic days for which there are costs reported in Operating Room DCM departments. Please note that for multiple visits in an operating room on a single day, only one day is counted.

All Others (OAo_UNT). This is the number of primary encounters, days during which at least one other service was received.

Primary procedure (PRIMCPT4). This is the first CPT code in the NPCD outpatient file.

Primary diagnosis (PRIMDX). This should be the same as the primary diagnosis in the NPCD OPC file and in VISTA.

Nursing home (ONUR_UNT). This is the number of contract nursing home or state home bed days.

4.7 Other Outpatient Variables

Table 4.7. Other Variables in Outpatient Extract, FY98 to FY04

Description	Variable Name	Year Included
Medical Center Station Number (3 digit)	STA3N	FY98 – FY00
Medical Center Division (2 digit suffix)	SUFFIX	
Clinic Stop (Character)	CLSTOP	
Clinic Stop (Numeric)	CLSNUM	
Clinic Stop Credit Pair	CR_PAIR	
Fiscal Year	FY	
Fiscal Period (Month)	FP	
Date of Encounter	VIZDAY	
All Encounter Flags	ENCFLAG	
Primary Care Provider	PCP_DSS*	
Primary Care Provider Type	PCPT_DSS*	
Provider Identification	PID_DSS*	
Provider Type	PIDT_DSS*	
Number of Clinic Stops	STOPS	
Scrambled Social Security Number	SCRSSN	
Network	VISN	
Age	AGE	FY00
Sex	SEX	
Extract Date	EXTDTE	
Associate Primary Care Provider	A_PCP	
Associate Primary Care Provider Type	A_PCPTYP	
NPCD Provider ID	NPCD_PID	
Aggregate Absence Days	AGGABS	
Medical Center Substation Number (6 digits)	STA6N	FY01
	HCUP	
Enrollment Priority	ENRLPRTY	FY02
Enrollment Location	ENROL_LOC	
Compensation & Pension Flag	COMP_PEN	FY03
DSS Clinic Name	CLIN_NAME	
DSS Identifier	DSS_ID	
Encounter Number	ENC_NUM	

*Variables were renamed in FY1999. In the FY98 file, PCP=Primary Care Provider; PCPTYP=PCP Type; PROVID=Provider ID; and PROVTYP=Provider Type. In FY04 the variable SUFFIX was dropped.

Medical Center Station Number, 3 digits (STA3N). This is the standard 3-digit number used to identify VA medical centers. See Appendix B for a table listing the numbers of each medical center.

DSS Division, 3-digit (SUFFIX). This is a 3-digit code used to identify division within medical center. Some analysts have noted that when certain ancillary services are used, VA may use code for the parent station even though the care is provided at a satellite facility.

Clinic Stop, Character (CLSTOP). This is the DSS clinic stop. Note that there are some non-standard codes used, including IVP, ASI, and 0 (zero). Note that some records are assigned a “pseudo code” for this variable. A pseudo-code has been used any time the NPCD flag=“N.” A document that lists clinic stops made be found at:

<http://www.herc.research.med.va.gov/12003040.pdf> or on the DSS web site on the VA Intranet.

Clinic Stop, Numeric (CLSNUM). This is the DSS clinic stop. Since it is a numeric variable, the letter codes do not appear. These codes are otherwise identical with the character DSS codes. Some records have this code set to missing in FY98 or zero in FY99.

Clinic Stop Credit Pair, (CR_PAIR). This is a modifier to the clinic stop code.

Fiscal Year (FY). Four digits representing the fiscal year, e.g., 1997-1998 fiscal year is denoted as 1998.

Fiscal Period, Month (FP). This variable takes on an integer value from 1 to 12. It represents the number of the month in the fiscal year. Because the federal fiscal year is from October 1 to September 30; October is month 1, November is month 2, etc.

Date of Encounter (VIZDAY). Date of the encounter in SAS date format.

Primary Care Provider (PCP_DSS). A code indicating the patient’s primary care provider. This code identifies the provider to whom the patient is assigned. *Note that this variable name changed starting in FY99.*

All Encounter Flags (ENCFLAG). This character string gives the seven encounter flags in the order presented in Table 4.4. For example, it takes the value “YNNNNNN” if the NPCD flag is set to “Yes.” For the all “other group,” the value of this variable is equal to “NNNNNNN”.

Provider Identification (PID_DSS). A code indicating the provider for an individual visit. For pharmacy encounters, this code indicates the provider who wrote prescription. For clinical encounters, this code identifies the provider with whom the appointment was scheduled (including no-show records). *Note that this variable name changed starting in FY99.*

Provider Type (PIDT_DSS). A code indicating the provider type for the care provider in an individual visit. *Note that this variable name changed starting in FY99.* See Appendix B for a list of the provider type associated with each code.

Primary Care Provider Type (PCPT_DSS). A code indicating the provider type for the patient’s primary care provider. *Note that this variable name changed starting in FY99.* See Appendix B for a list of the provider type associated with each code.

Number of Clinic Stops (STOPS). This variable has a value of “1” for each record. It was created for counting the number of records (stops) at each level (e.g., running a SAS Proc Summary by facility).

Scrambled Social Security Number (SCRSSN). Unique patient identifier. Chapter 2 explains how to decode the encrypted number using a file. Special permission is required to do this.

Network (VISN). Unique number for the network (VISN) in which the medical center providing this care is located. See Appendix B for a list of the names of each VISN.

Age (AGE). Age, in years.

Sex (SEX). Indicator of the sex of the patient. M for males and F for females.

Extract Date (EXTDTE). The date when the file was extracted.

Associate Primary Care Provider (A_PCP). A code indicating the patient's associate primary care provider. Code information is the same as for Primary Care Provider.

Associate Primary Care Provider Type (A_PCPTYP). A code indicating provider type for the associate provider who provides care during a visit. The code information is the same as for Primary Care Provider. See Appendix B for a list of the provider type associated with each code.

NPCD Provider ID (NPCD_PID). A code that identifies the provider in the National Patient Care Database.

Aggregate Absence Days (AGGABS). This variable has no meaning for outpatient visits. It should have missing values for all the outpatient records.

Medical Center Substation/STA6N, 6 digits (STA6N). The substation is the same as that in the NPCD file. The first 3 digits are the patent station identifier (STA3N), followed by three characters that identify the substation or operational unit within the facility. Due to the large number of substations, they are not listed as an appendix of this guide. See the VA Site Tracking (VAST) database of the VA Planning Systems and Support Group (PSSG) for information on substations. The PSSG maintains a web page on the VA private network with this information. Go to the HERC page on the VA network to a link to the PSSG web site.

Hospital Cost and Utilization Project's Clinical Classification Software category (HCUP). This variable is category assigned by the Agency for Healthcare Research and Quality's Hospital Cost and Utilization Project (HCUP) Clinical Classification Software. This a diagnosis and procedure categorization scheme that collapses the ICD-9 diagnoses and procedure codes into a smaller number of clinically meaningful categories. For more information go to the Agency for Health Care Policy and Research (AHCPR) web page on HCUP <http://www.ahrq.gov/data/hcup>.

Enrollment Priority (ENRLPTY). A code that indicates enrollment priority based on the patients eligibility status for VA health care. See Appendix B for a complete list of the priority codes.

Enrollment Location (ENROL_LOC). This is the facility that the patient chooses to designate as his/her preferred location for care (STA6A).

Compensation & Pension Flag (COMP_PEN). A flag variable that indicates if the visit was for a compensation or pension exam. It has a "Y" if the visit was for a compensation or pension exam.

Clinic Name (CLIN_NAME). The Internal Entry Number of the clinic from the Hospital Location File. This variable is NOT the same as the DSS Identifier or Clinic Stop Number.

DSS Identifier (DSS_ID). The DSS code for each clinic stop. A complete list of these codes is available from the DSS Intranet site.

Encounter Number (ENC_NUM). A unique identifier for each encounter. For outpatients this variable contains the social security number (9 digits), the date of the encounter (VIZDAY in 5 digit YYDDD format), and the clinic stop code (3 digit CLSTOP) in the format SSSSSSSSSYYDDDDCCC.

4.7 Non-VA Long-term Care Records

The outpatient DSS NDE extract includes records representing the cost of care a non-VA long-term care facilities. In FY04, about \$700 million in costs were reported under long-term care clinic stops in the DSS outpatient file in FY04 (see Table). This includes care provided by community nursing homes, state veterans homes, and residential facilities.

Table 4.8 Cost and Visits to Non-VA Long-Term Care Clinic Stops, FY04

Cost	Visits	Clinic Stop
290,542,673	57,797	650 Community Nursing Homes
331,646,436	206,803	651 State Nursing Home Units
44,283,874	43,376	653 State Hospital Care
12,054,170	4,919	654 Non-VA Residential Care Days
18,517,344	36,206	655 Community Non-VA Care
697,044,497	349,101	Total

Source: VSSC Web report

Most outpatient records represent the monthly costs of this care. The utilization variable, ONUR_UNT usually has a value of between 1 and 31, representing the number of days of care provided. Many patients have multiple records with a visit date (VIZDAY) of one month apart. For these patients, the total cost (OCSTTOT) divided by days of care (ONUR_UNT) is the same for month after month.

Chapter Summary

The outpatient DSS National Data Extract files are described. The file is split into two parts, with a separate file for outpatient pharmacy records. Changes in files that were made between 1998 and 2004 fiscal year are noted. File names are provided. The files include indicator variables that flag the source of the cost data. The names and contents cost sub-totals variables are provided. Additional variables describe characteristics of the patient, the date of service, the provider, and the location of care.

Chapter 5. Inpatient Discharge Extracts

5.1 Discharge File

The discharge extract file provides one record for each hospital stay that ended during the fiscal year. If the stay began in an earlier year the cost of the entire stay is included. The cost of care provided in prior fiscal years is estimated using the Intermediate Product costs estimated for the same fiscal year as the file. If the stay began before the DSS system was implemented at this site, utilization data will be incomplete, and cost estimates will be inaccurate. The locations and number of records of the discharge files from FY98 through FY04 are listed in Table 5.1.

Table 5.1 NDE Discharge Files and Number of Records, FY98 to FY04

Year	Location	No. of Records
FY98	RMTPRD.S654HAW.MED.SAS.DSS.FY98.DISCH	678,458
FY99	RMTPRD.MED.DSS.SAS.FY99.DISCH	712,668
FY00	RMTPRD.MED.DSS.SAS.FY00.DISCH	696,603
FY01	RMTPRD.MED.DSS.SAS.FY01.DISCH	689,820
FY02	RMTPRD.MED.DSS.SAS.FY02.DISCH	630,955
FY03	RMTPRD.MED.DSS.SAS.FY03.DISCH	632,421
FY04	RMTPRD.MED.DSS.SAS.FY04.DISCH	643,403

5.2 Facilities in Inpatient Discharge Extracts

Facilities with incomplete data in any of the inpatient discharge extracts from FY98 through FY04 are listed in Table 5.2. Similar to the outpatient extracts, some of the incomplete data are the result of facilities that were integrated. Please see Table 3.2 for the details about facility integration.

Table 5.2 Facilities with Incomplete Data in the Discharge Extracts, FY98 to FY04

STA3N	Fiscal Year	Last Fiscal Period Reported	Months Missing
436	1998	9	July -Sept
523	1998	11	Sept
*617	1998	9	July –Sept
*686	1998	3	Jan – Sept
692	1998	0	All
**463	1999	2	Dec – Sept
*525	1999	9	July –Sept
*594	1999	0	All
*665	1999	0	All
*500	2000	9	July –Sept
*514	2000	9	July –Sept
*527	2000	0	All
*532	2000	0	All
*555	2000	9	July –Sept
*597	2000	1	Nov – Sept
670	2000	6	April – Sept
*543	2001	6	April – Sept
*609	2001	9	July – Sept
*647	2001	6	April – Sept
*677	2001	9	July – Sept

*Integrated facilities (see Table 3.2).

**VA Alaska Health Care System

Note, there were no facilities with incomplete data for FY02 – FY04

5.3 Cost Variables in Inpatient Discharge File

Both the outpatient file and inpatient files report costs using the same groupings of departments. The inpatient discharge file has one additional category: nursing care. “Nursing care” represents the cost of nursing departments for inpatient stays (nursing staff), plus all of the regular operating costs of the inpatient units. The cost variables in the inpatient discharge extract are listed in Table 5.3. These cost variables are described in detail in Chapter 3. Nursing costs are added for inpatient care. As noted above, the all of the variable direct costs reported on Table 5.3 under the selected cost heading are already included in one of the six core cost categories; adding these costs to the totals will double count them.

Table 5.3. Cost Variables in the Inpatient Discharge File, FY98 to FY04

Cost Category	Fixed Direct	Variable Direct	Indirect Cost	Total Cost	Year Included
Laboratory	DLAB_FD	DLAB_VD	DLAB_FI	DLAB_TOT	FY98 - FY00
Pharmacy	DPHA_FD	DPHA_VD	DPHA_FI	DPHA_TOT	
Radiology	DRAD_FD	DRAD_VD	DRAD_FI	DRAD_TOT	
Surgery	DSUR_FD	DSUR_VD	DSUR_FI	DSUR_TOT	
Nursing	DNUR_FD	DNUR_VD	DNUR_FI	DNUR_TOT	
All Other	DAO_FD	DAO_VD	DAO_FI	DAO_TOT	
Total				DCST_TOT	
Selected Cost					
Variable Pharmacy Supply		DPHA_VS			FY98 – FY00
Variable Labor Type 4					FY00
Surgery		DSUR_VL4			
Radiology		DRAD_VL4			
All Other		DAO_VL4			
Variable Labor Type 5					
Surgery		DSUR_VL5			
Radiology		DRAD_VL5			
All Other		DAO_VL5			
Prosthetics					
Labor		DPROLBR			
Supply		DPROSUPL			
Home Oxygen		DHOMEOX			
Surgical Implant		DSURGIMP			

5.4 Utilization and Diagnosis Variables

Utilization and diagnosis variables are listed in Table 5.4. Nursing utilization units are reported in the inpatient discharge file. Also, admitting and discharge DRGs as well as four diagnoses have been included in these variables since FY00.

Table 5.4. Utilization and Diagnosis Variables in Inpatient Discharge Extract, FY98 to FY04

Category	Variable Name	Description	Year Included
Utilization by department			
Laboratory	DLAB_UNT	Number of laboratory tests	FY98 – FY00
Pharmacy	DPHA_UNT	Pharmacy days	
Radiology	DRAD_UNT	Number of X-rays	
Surgery	DSUR_UNT	Days in operating room	
Nursing	DNUR_UNT	Bed days of care	
All Other	DAO_UNT	Bed days of care	
Length of Stay	LOS	Total bed days of care	FY03
Treatment and diagnosis			
DRGs	ADMITDRG	Admitting DRG	FY00
	DRG	Discharge DRG	
Diagnosis	ADMITDX	Admitting diagnosis	
	DXPRIME	Primary diagnosis	
	DXLSF	Diagnosis for the full length of stay	
	PRINDEX	Principal diagnosis	

Unit variables for inpatient care are specified below.

Laboratory (DLAB_UNT). This is the number of tests for which there are costs reported in Laboratory DCM departments.

Pharmacy (DPHA_UNT). This is the number of days for which there are costs reported in Pharmacy DCM departments. **Please note that this is the number of days that medications were received, not the number of prescriptions.** The number of drugs and unit of drugs are not included in the national extracts. However, these data are available in the local DSS database.

Radiology (DRAD_UNT). This is the number of radiological procedures in the Diagnostic Radiology and Nuclear Medicine department.

Surgery (DSUR_UNT). This is the number of days for which there are costs reported in Operating Room DCM departments. Please note that for multiple visits in an operating room on a single day, only one day is counted.

All Others (DAO_UNT). This is the number of days during which at least one other service was received.

Nursing (DNUR_UNT). Number of days for which there are costs reported in Ward DCM departments. Pass days and Unauthorized Absence days may or may not be included, depending on the practice on the individual ward.

Diagnostic Related Group (DRG) at admission (ADMITDRG). This variable was added in FY00, but has been consistently under-reported. In FY04, 21.1% of the discharges have a missing value in this field.

DRG for the discharge bedsection (DRG). This variable was added in FY00. While ten percent (10%) of the records for FY00 have a missing value for this field, this has improved markedly over time; only 0.02% of the records have a missing value for this field in FY04.

Admitting diagnosis (ADMITDX). This variable is obtained from the DSS database and was added in FY00. Four percent (4%) of the records in FY00 have a missing value for this field and reporting of this field has remained a problem with over 7% of the values missing in FY04.

Primary diagnosis (DXPRIME). This variable is obtained from the DSS database and was added in FY00. It should be the same as the primary diagnosis (DXLSF) variable in the Patient Treatment File (PTF).

Diagnosis for the full length of stay (DXLSF). This variable should be the same as DXLSF in the PTF.

Principal diagnosis (PRINDX). This variable is from the PTF and has appeared since FY00. Please note that the Principal Diagnosis is the reason for admission while the Primary Diagnosis represents the major part of the patient's full length of stay. In practice, however, the ICD codes recorded for the principal diagnosis (PRINDX) are usually the same as those for the primary diagnosis (DXPRIME or DXLSF).

Length of Stay (LOS). Total length of stay for the entire hospital stay. This is the same calculated length of stay that is transmitted to the PTF.

5.5 Other Variables in Inpatient Discharge Extract

Other variables in the inpatient discharge extract are listed in Table 5.5.

Table 5.5 Other Variables in Inpatient Discharge Extract, FY98 to FY04

Description	Variable Name	Year Included
Network	VISN	FY98 – FY00
Medical Center Station Number (3 digits)	STA3N	
Discharge Substation Number (6 digits)	STA6A	
DSS Division (3-digit suffix)	SUFFIX	
Fiscal Year	FY	
Fiscal Period (month)	FP	
Admitting Date	ADMITDAY	
Discharge Date	DISDAY	
Primary Care Provider	PCP	
Scrambled Social Security Number	SCRSSN	
Age	AGE	
Date of birth	BORNDAY	
Sex	SEX	
Length of stay	DAYS	
Length of stay in the current fiscal year	FYDAYS	
Discharge bedsection	DBEDSECT	FY00
Primary Care Provider Type	PCPTYP	
Associate Primary Care Provider	A_PCP	
Associate Primary Care Provider Type	A_PCPTYP	
Age group	AG8R	
Aggregate Absence Days	AGGABS	
Extract date	EXTDTE	
Discharge Disposition	DIS_DISPO	FY03
Discharge Place	DIS_PLACE	
Encounter Number	ENC_NUM	
Enrollment Priority	ENRLPRTY	

In FY04 the variable SUFFIX was dropped.

Network (VISN). Unique number for the regional network in which the medical center providing this care is located. See Appendix B for a list of the names of each VISN.

Medical Center Station Number (STA3N). This is the standard 3-digit number used to identify VA medical centers. See Appendix B for a table listing the numbers of each medical center.

Discharge Substation (STA6A). The discharge substation is the same as that in the PTF file. The first 3 digits are the patent station identifier (STA3N), followed by three characters that identify the substation or operational unit within the facility. Due to the large number of substations, they are not listed as an appendix of this guide. See the VA Site Tracking (VAST) database of the VA Planning Systems and Support Group (PSSG) for information on substations. The PSSG maintains a web page on the VA private network with this information. Go to the HERC page on the VA network to a link to the PSSG web site.

DSS Division (SUFFIX). This is a 3-digit code—often letters—used to identify divisions within medical centers. This variable was dropped in FY04.

Fiscal Year (FY). This variable has four digits representing the fiscal year. The fiscal year beginning October 1997 and ending September 1998 is denoted as 1998.

Fiscal Period (FP). This variable has an integer from 1 to 12, representing the number of the month in the fiscal year. Since the federal fiscal year funds from October 1 to September 30, October is month 1, November is month 2, etc.

Admission Date (ADMITDAY). The date the patient was admitted to the hospital, in SAS date format.

Discharge Date (DISDAY). The date the patient was discharged from the hospital, in SAS date format.

Primary Care Provider (PCP). This is the identification code of the patient's primary care provider.

Scrambled Social Security Number (SCRSSN). Unique patient identifier.

Age in Years (AGE). Patient age at discharge. This variable is from the PTF file.

Date of Birth (BORNDAY). Patient birth date.

Gender (SEX). This variable indicates the sex of the patient, M for males and F for females. This variable is obtained from the PTF.

Length of stay (DAYS). The number of days of stay beginning with admission and ending with discharge.

Length of stay in current fiscal year (FDAYS). This is the number of days between admission and discharge that occurred during the current fiscal year. If the stay began before the beginning of the fiscal year, it is the number of days between discharge and the beginning of the fiscal year. If the stay is not yet over, it is the number of days between admission and the date the report was run, or September 30 if this is the final report for the fiscal year.

Discharge Bedsection (DBEDSECT). The treating specialty (bedsection) code for the last segment of stay. This variable is from the PTF. See Appendix B for a list of the bedsection codes.

Primary Care Provider Type (PCPTYP). This code identifies the type of PCP. See Appendix B for a list of the provider type associated with each code.

Associate Primary Care Provider (A_PCP). This information identifies the associate PCP (Resident PCP-Extender).

Associate Primary Care Provider Type (A_PCPTYP). This identifies the type of the associate PCP. See Appendix B for a list of the provider type associated with each code.

Age group (AG8R). This variable classifies patients into 8 age groups. Age at discharge is used for the grouping. The 8 groups are:

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+.

This variable has numeric value from 1 through 8. It is extracted from the Patient Treatment file (Variable: AGE8R). The label is automatically generated from the SAS format at Austin.

Aggregate Absence Days (AGGABS). Patients may be authorized to leave the facility for a short time period during their stays. Authorized absence days are called pass days. Most pass days are given to nursing home, long-term psychiatric and domiciliary patients. There are also unauthorized absence days. This variable is the total number of days absent during the entire stay; both pass days and unauthorized absence days.

Extract Date (EXTDTE). The date when the file was extracted.

Discharge Disposition (DIS_DISPO). A code that indicates the patient's discharged disposition. This variable is the same as the variable in the PTF Main files. See Appendix B for a complete list of these codes.

Discharge Place (DIS_PLACE). A code that indicates where a patient is discharged to. This variable is the same as the variable in the PTF Main files. See Appendix B for a complete list of these codes.

Encounter Number (ENC_NUM). A unique identifier for each encounter. For inpatients this variable contains the social security number (9 digits), the date of the encounter (the 5 digits of ADMITDAY in YYDDD format) followed by an "I" to indicate it was an inpatient encounter. The variable appears with the format SSSSSSSSYYDDDI.

Enrollment Priority (ENRLPRTY). A code that indicates enrollment priority based on the patients eligibility status for VA health care. See Appendix B for a complete list of the priority codes.

Chapter Summary

DSS inpatient discharge National Data Extract (NDE) files are described. These files include the cost of hospital stays that ended during the fiscal year. This chapter provides the names of the files, with tables of the number of records for each medical center, and an indication of sites where data are incomplete. Cost variables are described, including variables giving the sub-total of costs in groups of departments. Utilization variables identify the Diagnosis Related Group, the primary diagnosis, and report units provided of certain services. Additional variables describe patient characteristics, the length of stay, admission date, discharge date, and the medical center where care was provided.

Chapter 6. Inpatient Treating Specialty File

6.1 Treating Specialty File

The treating specialty file includes one to several records for each hospital stay. Each stay is divided into segments based on the month and treating specialty of the provider responsible for each part of the stay. The treating specialty is ordinarily associated with a location, such as a medical care or surgical ward, or a long-term care unit. It is also called a bedsection. The treating specialty NDE is a monthly cost report. If a bedsection stay crosses multiple fiscal periods (months), the treating specialty file will contain one record for each month of the same bedsection stay. Records belonging to the same bedsection stay can be linked by STA3N, SCRSSN, TRTIN, and TRTOOUT, where TRTIN and TRTOOUT are the bedsection admission and discharge dates.

As a monthly cost report, the treating specialty file includes all care provided during that file's fiscal year. It does not include care that took place in prior fiscal years. As a result, this file contains partial information on stays that began before the start of the fiscal year or were not complete by its end.

- If the patient has not yet been discharged, the file reports the costs incurred during the current fiscal year as of the date the report was run (or up to September 30, if this is the final report for the fiscal year).
- If a patient was admitted to the hospital prior to the beginning of the fiscal year, the cost of the care provided in the previous year is in the prior year file. The record is flagged as a CENSUS patient, and September 30 is reported as the discharge date.

The treating specialty files contain data beginning from FY99. The file name, location, and records are listed in Table 6.1. Table 6.2 lists the facilities with incomplete data in the Treating Specialty File for FY1999 through FY2004.

The treating specialty file includes the cost of all inpatient care that was provided during the fiscal year. The discharge file (Chapter 5) includes the cost of stays that ended during the fiscal year. The care reported in these files overlaps, but each file includes cost not included in the other.

The treating specialty file includes the cost of stays that were not yet over by the end of the fiscal year. The discharge file excludes these costs. The discharge file includes the total cost of stays that began before the beginning of the fiscal year. The treating specialty file includes only part of their cost – the cost that was incurred since the beginning of the fiscal year.

VA provides long-term care, and some patients have exceptionally long stays, of many years duration. Neither file reports the complete cost of stays that began before DSS was implemented at the site.

Table 6.1 NDE Treating Specialty Files and Number of Records, FY99 to FY04

Year	Location	No. of Records
FY99	RMTPRD.MED.DSS.SAS.FY99.TRT	1,356,259
FY00	RMTPRD.MED.DSS.SAS.FY00.TRT	1,302,834
FY01	RMTPRD.MED.DSS.SAS.FY01.TRT	1,293,596
FY02	RMTPRD.MED.DSS.SAS.FY02.TRT	1,211,258
FY03	RMTPRD.MED.DSS.SAS.FY03.TRT	1,205,406
FY04	RMTPRD.MED.DSS.SAS.FY04.TRT	1,218,682

6.2 Facilities in Inpatient Treating Specialty File

Table 6.2 summarizes facilities that reported incomplete data in the FY99 to FY04 treating specialty files.

Table 6.2 Facilities with Incomplete Data in the Treating Specialty File, FY99 to FY04

STA3N	Fiscal Year	Last Fiscal Period Reported	Months Missing
**463	1999	2	Dec - Sept
*525	1999	9	July - Sept
*555	1999	9	July - Sept
*500	2000	9	July - Sept
*514	2000	9	July - Sept
527	2000	0	All
*532	2000	0	All
*597	2000	6	April - Sept
670	2000	6	April - Sept
*543	2001	6	April - Sept
*609	2001	9	July - Sept
*647	2001	6	April - Sept
*677	2001	9	July - Sept

*Integrated facilities (See Table 3.2).

Note, there were no facilities with incomplete data for FY02 – FY04

6.3 Cost Variables in Inpatient Extracts

Costs in the treating specialty file are reported by the same groups of departments that are used in the discharge file. The cost variables in the inpatient treating specialty file are listed in Table 6.3. All of these variables are described in the Outpatient Chapter and the Inpatient Discharge Chapter.

Remember that all of the selected cost variables in Table 6.3 are already included in one of the six core cost categories; adding these costs to the totals will double count them.

Table 6.3. Cost Variables in Inpatient Treating Specialty Extract, FY99 to FY04

Cost Category	Fixed Direct	Variable Direct	Indirect Cost	Total Cost	Year Included
Laboratory	TLAB_FD	TLAB_VD	TLAB_FI	TLAB_TOT	FY99 – FY00
Pharmacy	TPHA_FD	TPHA_VD	TPHA_FI	TPHA_TOT	
Radiology	TRAD_FD	TRAD_VD	TRAD_FI	TRAD_TOT	
Surgery	TSUR_FD	TSUR_VD	TSUR_FI	TSUR_TOT	
Nursing	TNUR_FD	TNUR_VD	TNUR_FI	TNUR_TOT	
All Other	TAO_FD	TAO_VD	TAO_FI	TAO_TOT	
Total				TCST_TOT	
Selected Cost					
Variable Pharmacy Supply		TPHA_VS			FY99 – FY00
VL4 ¹ Surgery		TSUR_VL4			
VL4 ¹ Radiology		TRAD_VL4			
VL4 ¹ All Other		TAO_VL4			
VL4 ² Surgery		TSUR_VL5			
VL4 ² Radiology		TRAD_VL5			
VL4 ² All Other		TAO_VL5			
Prosthetics Labor		TPROLBR			
Prosthetics Supply		TPROSUPL			
Home Oxygen		THOMEOX			
Surgical Implant		TSURGIMP			

1. VL4: Variable labor cost of employee providers, including physicians, dentists, and psychologists.
2. VL5: Variable labor of contract providers.

6.4 Utilization and Diagnosis Variables

The utilization variables in the treating specialty extract are the same as those in the discharge extract. The treating specialty extract contains two variables with diagnoses: admitting DRG and admitting diagnosis, and a variable identifying the treating specialty (see Table 6.4). Please note that the admitting DRG is not the bedsection admitting DRG. It is the admitting DRG for the entire inpatient stay, which is the same as the admitting DRG in the discharge file for the same inpatient stay. Similarly, the admitting diagnosis is the same as that in the discharge file for entire inpatient stay.

Table 6.4. Utilization and Diagnosis Variables in Inpatient Extract, FY99 to FY04

Category	Variable Name	Description	Year Included
Utilization by department			
Laboratory	TLAB_UNT	Number of laboratory tests	FY99
Pharmacy	TPHA_UNT	Pharmacy days	
Radiology	TRAD_UNT	Number of X-rays	
Surgery	TSUR_UNT	Days in operating room	
Nursing	TNUR_UNT	Bed days of care	
All Other	TAO_UNT	Bed days of care	
Treatment and diagnosis			
DRGs	ADMITDRG	Admitting DRG	FY00
Diagnosis	ADMITDX	Admitting diagnosis	
Treatment	TRTSP	Treating specialty code	
	TRTSP_C	Treating specialty label	

Admitting DRG (ADMITDRG). Admitting DRG for the entire inpatient stay. It is the same variable in the discharge record.

Admitting diagnosis (ADMITDX). Admitting diagnosis for the entire inpatient stay. It is the same variable in the discharge record.

Treating specialty (TRTSP). This numeric variable is from the PTF bedsection file. See Appendix B for a list of the bedsection codes.

Treating specialty label (TRTSP_C). This is a character variable that labels the treating specialty code. It is from the PTF bedsection file. See Appendix B for a list of the bedsection labels.

6.5 Other Variables

Other variables in the inpatient treating specialty file are listed in Table 6.5. These variables are the same for FY99 and FY00 except that the variable for primary care providers, “PCP” was renamed as “PCP_DSS” in FY00. Additional variables were added in FY01 and FY03.

Table 6.5. Other Variables in Inpatient Treating Specialty Extract, FY99 to FY04

Description	Variable Name	Year Added
Network	VISN	FY99
Medical Center Station Number (3 digit)	STA3N	
DSS Division (3 digit suffix)	SUFFIX	
Fiscal Year	FY	
Fiscal Period (Month)	FP	
Admitting date of the stay	ADMITDAY	
Bedsection admitting Date	TRTIN	
Bedsection discharge Date	TRTOUT	
Primary Care Provider	PCP (PCP_DSS for FY00)	
Primary Care Provider Type	PCPTYP	
Associate Primary Care Provider	A_PCP	
Associate Primary Care Provider Type	A_PCPTYP	
Scrambled Social Security Number	SCRSSN	
Aggregate Absence Days	AGGABS	
Census patient	CENSUS	
Extract date	EXTDTE	
Division	STA6A	FY01
Age (in years)	AGE	FY03
Encounter Number	ENC_NUM	
Enrollment Priority	ENRLPRTY	
Sex (M/F)	SEX	

In FY04 the variable SUFFIX was dropped.

Network (VISN). Unique identifier for the network (VISN) in which the medical center providing this care is located. See Appendix B for a list of the names of each VISN.

Medical Center Station Number, 3 digits (STA3N). This is the standard 3-digit number used to identify VA medical centers. See Appendix B for a table listing the numbers of each medical center.

DSS division (Suffix). This is a 3-digit code used to identify divisions within medical centers.

Fiscal Year (FY). Four digits representing the fiscal year. For example, the fiscal year beginning October 1, 1997 and ending September 30, 1998 is denoted as 1998.

Fiscal Period, Month (FP). Integer from 1 to 12, representing the number of the month in the fiscal year. Because the federal fiscal year is from October 1 to September 30, October is month 1; November is month 2, etc.

Admission Date (ADMITDAY). The date the patient was admitted to the hospital, in SAS date format.

Bedsection Admitting Date (TRTIN). The date the patient was admitted or transferred to the treating specialty bedsection.

Bedsection Discharge Date (TRTOUT). The date the patient was discharged or transferred from the treating specialty bedsection.

Primary Care Provider (PCP). A code indicating the patient's primary care provider.

Primary Care Provider Type (PCPTYP). This code identifies the type of PCP. See Appendix B for a list of the provider type associated with each code.

Scrambled Social Security Number (SCRSSN). Unique patient identifier.

Associate Primary Care Provider (A_PCP). This information identifies the associate PCP (Resident PCP-Extender).

Associate Primary Care Provider Type (A_PCPTYP). This identifies the type of the associate PCP. See Appendix B for a list of the provider type associated with each code.

Aggregate Absence Days (AGGABS). This is the total number of days absent during the entire stay. This variable is the same as that in the discharge record.

Census Patient (CENSUS). Indicator that a patient was not discharged at the end of the fiscal year. This variable is coded as 'Y' or 'N'.

Extract Date (EXTDTE). The date when the DSS was extracted to create a record.

Discharge Substation/STA6N, 6 digits (STA6A). The discharge substation is the same as that in the PTF file. The first 3 digits are the patent station identifier (STA3N), followed by three characters that identify the substation or operational unit within the facility. Due to the large number of substations, they are not listed as an appendix of this guide. See the VA Site Tracking (VAST) database of the VA Planning Systems and Support Group (PSSG) for information on substations. The PSSG maintains a web page on the VA private network with this information. Go to the HERC page on the VA network to a link to the PSSG web site.

Age (AGE). Age, in years.

Encounter Number (ENC_NUM). A unique identifier for each encounter. For inpatients this variable contains the social security number (9 digits), the date of the encounter (5 digit ADMITDAY in YYDDD format) followed by and "I" in the format SSSSSSSSSYYDDDI.

Enrollment Priority (ENRLPRTY). A code that indicates enrollment priority based on the patients eligibility status for VA health care. See Appendix B for a complete list of the priority codes.

Sex (SEX). Indicator of the sex of the patient. M for males and F for females.

Chapter Summary

DSS inpatient treating specialty is a monthly cost report for each bedsection stay. It includes the cost of hospital care that took place during the fiscal year. Hospital stays that begin in one fiscal year and end in another will be represented as records in each year's files, with the costs incurred during that year. A hospital stay is divided into separate records by the month in which care was given, and by the bedsection (the ward, also called the treating specialty) where care was obtained. This allows the analyst to distinguish costs incurred in a single stay when the patient moved between different bedsections, such as a patient who was moved from an acute medical ward to a long-term care unit. The file names and numbers of records for each medical center are provided. Cost and utilization variables are described. Additional variables describe characteristics of the patient, provider, and stay.

Chapter 7. Merger of the DSS NDEs with the Austin Utilization Files

Because the DSS National Data Extracts (NDEs) do not contain detailed clinical information such as procedures and diagnosis, researchers often need to merge the NDEs to the VA health care encounter files, including the PTF and outpatient NPCD files. This chapter describes the methods of merging each of the NDE files to the associated encounter files and discusses some of the problems of merging these databases. Information on how well these databases reconciled in FY00 is contained in the previous edition of this guidebook. The reconciliation between these data files for subsequent years are contained in HERC Technical Reports. The documents are available in the publications section of the HERC web site <http://www.herc.research.med.va.gov/>.

7.1 NDE and PTF Discharge Files

The DSS NDE discharge file includes DSS cost data for all inpatient stays that ended in the fiscal year. If the analyst is tracking a cohort of patients, it will be more efficient to create subsets of the DSS and PTF files that includes the records of the hospital stays of only the members of the cohort.

PTF discharge records are found in three separate files. These files must be concatenated into a single file before being merged with the DSS discharge file. The three PTF files are the acute file (PM), the extended care file (XM), and the observation stay file (PMO). Concatenation is done in SAS with the SET statement. Records from the three files are simply stacked on top of one another with the following SAS codes.

```
DATA PTF;  
SET IN1.PM03 IN2.XM03 IN3.PMO03;
```

Please note that starting from FY 2002, DSS reclassified observation bedsection stays from inpatient to outpatient category. Therefore, the concatenated PTF dataset should not include PBO for FY2002 or later years. Both DSS and the combined PTF files must be sorted by the variables that identify an inpatient stay: scrambled Social Security Number (SCRSSN), the 3 digit code that identifies the medical center where care was provided (STA3N), admission date (ADMITDAY), and discharge date (DISDAY).

The SAS merge statement can be used to combine these files:

```
DATA COMBINXX;  
MERGE IN1. DSS (IN=INDSS) IN2.PTF (IN=INPTF);  
BY SCRSSN STA3N ADMITDAY DISDAY;  
IF INDSS AND INPTF;
```

The second line of the program specifies the two files that are being combined: the DSS discharge and the concatenated PTF file. The last line of the program ensures that only records that appear in both files will be written to the next dataset, called COMBINXX.

The consolidation of VA medical centers has resulted in a change to the facility identifier (STA3N). In some years, the change in identifier has been adopted at different times in the different databases. The identifier in the PTF was changed retroactively to the beginning of the fiscal year. DSS changed the identifier when the DSS system was changed. The analyst may need to change DSS station

identifiers to be consistent with the changes made in creating the PTF, that is, to the beginning of the fiscal year. Table 3.2 lists recent changes to facility identifiers.

There is a high degree of concordance between these two discharge files. The amount of agreement is described in the HERC working papers comparing DSS extracts to VA utilization datasets. The most significant differences have to do with observation stays, which involve visits to a unit for less than a complete day of stay, for example, observing a patient after ambulatory surgery. These are reported as outpatient care by DSS starting in FY 2002. Only a few records in the PTF observation file will have a corresponding DSS inpatient record in FY 2002 and later years.

7.2 NDE Treating Specialty and PTF Bedsection Files

Clinical information for records in the NDE Treating Specialty file can be identified in the PTF Bedsection files. The NDE Treating Specialty is a single file while the PTF Bedsection records are stored in three files: (1) the Acute Bedsection file (PB); (2) the Non-acute (or “Extended”) Bedsection file (XB); and (3) the Observation Bedsection file (PBO). As with the discharge files, it is more efficient to create subsets of the DSS and PTF data files that include only the records of the members of the analyst’s cohort. The different bedsection files in the PTF must also be concatenated into a single file to merge with the DSS data. See Section 7.1 for an example of the SAS code.

In order to merge these files, records in the NDE and PTF files must be transformed so that they have a consistent definition of a record, cover a consistent time frame, and use consistent variable names.

Consistent Definition of a Record. As discussed in Chapter 6, the NDE Treating Specialty file contains cost information for each bedsection stay by fiscal period (month). If a bedsection stay lasts more than a single fiscal period, there will be multiple records for the same stay. These multiple records have the same values for five variables (SCRSSN, STA3N, TRTIN, TRTOUT, and TRTSP). Conversely, the PTF bedsection files have only one record for each bedsection stay. To merge the DSS data with the PTF, the DSS treating specialty file must be consolidated so that there is only one record for each bed section stay. The PROC SUMMARY procedure can be used to add together cost variables. The procedure should be used with a CLASS statement that specifies the five variables that define a treating specialty stay.

Consistent Time Frame. The PTF and DSS files cover different time frames. The DSS Treating Specialty file contains records for only that part of the bedsection stay that took place during the fiscal year. It includes records for stays that were not completed by the end of the fiscal year. If a stay began in a previous fiscal year, that part of the stay is not in the current year file, it is in the earlier year’s DSS treating specialty file.

The PTF bedsection file includes records for hospital stays that were completed during the fiscal year. Thus it includes all information about stays that began in prior fiscal years. The PTF file does not include records of stays that were not completed by the end of the year. PTF does have a separate file, the census file, which has information about stays that were not completed by the end of the year.

In the DSS file, stays that were underway at the end of a fiscal year are flagged by assigning a “Y” value to the variable CENSUS. These records have been assigned a treating specialty discharge date (TRTOUT) that is the last day of the fiscal year, September 30 (or in rare cases, a different date).

This date is assigned because at the time the DSS treating specialty file was created, the patient was not yet discharged. It is possible to merge records from these stays with the PTF census file. Records of stays that are not yet over cannot be found in the discharge PTF file. These records should be dropped from the DSS file, to make the two sources consistent.

For stays that began in prior fiscal years, the analyst must get data from earlier years' DSS treating specialty files. These data are needed to create DSS records that are consistent with the PTF bedsection file, which has records that span fiscal years. Records in the DSS treating specialty files for stays that span fiscal years must be consolidated so there is only one record for each bed section stay. When combined records from two different fiscal years, the consolidation of DSS records is done with only *four* of the five variables that define a treating specialty segment. The PROC SUMMARY procedure is used with a CLASS statement that specifies just four of the five variables that define a treating specialty stay: SCRSSN, STA3N, TRTIN, and TRTSP. The CLASS statement does not include TRTOUT because records from the same stay have a different value for TRTOUT in each fiscal years' file. TRTOUT has a value of September 30 in the year of admission, and the date of end of the bed section stay in the file for the year when the stay ended. Note that very long nursing home stays can have records in the DSS treating specialty files from three or more years.

Consistent Types of Care. The DSS NDE Treating Specialty file does not contain data from community nursing homes. (DSS records community nursing home care in the Outpatient NDE; see section 4.7.) Community nursing home stays are included in the PTF XB file with "STATYP=42" (the variable STATYP is kept in the main PTF extended core file; thus the main and bedsection files must be merged to identify which records represent community nursing home stays). Since these stays are not in the DSS Treating Specialty file, records for community nursing home stays should be dropped from the PTF file before merging these files.

Consistent Names for Variables. DSS and PTF use different names for three variables: bedsection admission date, bedsection discharge date, and bedsection number (treating specialty). The names of these variables appear in Table 7.1. If variables are to be combined with the SAS MERGE statement, variables must be assigned a common name. (The SAS PROC SQL procedure can merge datasets without renaming variables).

Table 7.1 Correspondence Between Variable Names in the PTF and DSS NDE

Variable	PTF Variable Name	DSS NDE Variable Name
Bedsection Admission Date	BSINDAY	TRTIN
Bedsection Discharge Date	BSOUTDAY	TRTOUT
Bedsection (Treating Specialty)	BEDSECN	TRTSP

Merge Records. Once DSS records have been transformed so that they are consistent with the PTF design, the DSS and PTF bedsection data should be sorted by the five variables that identify a bedsection stay: scrambled Social Security Number (SCRSSN, STA3N, bedsection admission date, bedsection discharge date and bedsection). The SAS merge statement can be used to combine these files. In the example given below, we renamed the DSS variables in Table 7.1 using the PTF names.

```
DATA COMBINXX;
MERGE IN1.DSS (IN=INDSS) IN2.PTF (IN=INPTF);
BY SCRSSN STA3N BSINDAY BSOUTDAY BEDSECN;
```

IF INDSS AND INPTF;

The above SAS code is the most rigorous criteria for merging these files. It will result in a fairly large number of observations that do not merge.

Some of these differences are due to additional differences in the design of the two databases. Observation care appears in the PTF, but after 2002, it is reported as ambulatory care in DSS. Very short bedsection stays are also treated differently. DSS only records only one transfer between bedsections per day. PTF records all transfers. For example, in PTF, a patient could be admitted to the general medicine bed section and then transferred to a rehabilitation bed section on the same day. DSS would include only one of these bed section stays.

Most of the remaining differences between the DSS and PTF data represent cases where the bedsection admission or discharge dates differ by one day. The analyst can combine the PTF and DSS data by allowing a one-day difference in admission or discharge dates to be considered a successful match.

7.3 NDE Outpatient and NPCD Outpatient Event (SE) Files

The DSS NDE outpatient file contains information on the cost of VA outpatient encounters. The DSS NDE and the outpatient NPCD do not share the same design. While their content overlaps, each file has records that are not contained in the other. The first step in comparing (and merging) the two files is to change the files so that they have a common design.

The DSS NDE outpatient extract contains data on outpatient pharmacy costs, some 40 million records a year (see Chapter 4). Since the outpatient NPCD does not have corresponding data, we do not consider DSS pharmacy in this section.

This section describes how the DSS outpatient data may be compared to the outpatient NPCD visits file (also known as the SE file). This section does not address the outpatient NPCD daily file (also known as the SF file). The SF file does contain additional information that is not in the SE file. An additional merge will be required if any variables from the SF file are needed.

Consistent Types of Ambulatory Care. Records in the DSS NDE file that have corresponding utilization in the NPCD outpatient file are identified by having the NPCD flag variable set to “Y.” To render the DSS NDE file comparable to the NPCD outpatient file, the DSS data should be restricted to visits with the NPCD flag set to “Y.”

DSS NDE outpatient data that have NPCD flag set to “N” include records for the dispensing of prosthetics devices, pharmaceuticals, hearing aids, eyeglasses, and other care listed in table 4.4. This care is characterized by additional encounter flag variables described in chapter 4.

Consistent Definition of a Record. The two databases also differ in the method used to define a record. The NPCD may have more than one record for a single patient visit to the same clinic stop on a given day. In the DSS NDE file, such care is represented as a single record. Thus, to render the NPCD file comparable to the DSS NDE, the NPCD data must be aggregated so that all visits by a single patient to the same clinic stop on a given day are represented by a single record.

Consistent Variable Names. DSS and the NPCD use different names for the clinic stop variable. This variable is called CLNUM in the NDE and CL in the NPCD. VA policy refers to the variable as the “DSS identifier.”

Merge Records. Both the DSS data and the aggregated NPCD data must be sorted by the variables that identify outpatient care: scrambled Social Security Number (SCRSSN), the 3-digit numeric station number for VAMC (STA3N), clinic stop code, and visit date (VIZDAY).

The SAS merge statement can be used to combine these files. For this example, we have renamed the DSS variable CLNUM to its corresponding NPCD variable name, CL.

```
DATA COMBINXX;  
MERGE IN1.DSS (IN=INDSS) IN2.PTF (IN=INPTF);  
BY SCRSSN STA3N CL VIZDAY;  
IF INDSS AND INPTF;
```

Even with restricting the DSS data to observations with a DSS NPCD flag, and aggregating the NPCD SE observations to match the DSS definition of a clinic visit, there will still be a significant number of observations that do not merge.

Prior to FY03, DSS did not assign costs to telephone care, and records of telephone care that appear in the outpatient NPCD to not appear in DSS. DSS now allows costs to be assigned to this care.

DSS extracts data earlier than DSS, resulting in a much shorter window for reporting outpatient workload. A significant number of valid patient care encounters recorded in the NPCD were posted too late to be included in DSS. See the previously referenced HERC Technical Reports on the reconciliation of these datasets for additional information about these differences.

Chapter Summary

The key steps for merging the DSS inpatient and outpatient NDEs with the VA health care encounter files (PTF and NPCD) are described. These mergers are important as the DSS NDEs do not include any clinical information about the encounters. This chapter also describes some of the problems with linking these files caused by differences in record structure, time frame covered, type of care included, and other differences in design.

Appendix A. DSS Data Access Forms

VA 9957 ACRS Time Sharing Request Form

 Department of Veterans Affairs		ACRS TIME SHARING REQUEST FORM	
PRIVACY ACT STATEMENT: The information is solicited under authority of Title 38, United States Code and Executive Order 9397 and is necessary to accomplish the action requested by the requester, including establishing, modifying or deleting a Time Sharing Customer Account. Furnishing the information on this form, including your Social Security Number, is voluntary; however, if the information is not furnished, we will be unable to take further action on your request.			
NOTE: Information from this form is used to establish a Time-Sharing Account.			
1. ACTION REQUESTED (Check only one of the three items)			
<input type="checkbox"/> CREATE NEW CUSTOMER		<input type="checkbox"/> MODIFY EXISTING CUSTOMER	
		<input type="checkbox"/> DELETE EXISTING CUSTOMER	
2. CUSTOMER INFORMATION			
A. NAME		B. TIME SHARING CUSTOMER ID	C. SOCIAL SECURITY NUMBER
D. TELEPHONE NUMBER (Include Area Code)		E. FACILITY (STATION) NUMBER/SUFFIX	F. MAIL ROUTING SYMBOL OR STOP CODE
G. JOB TITLE		H. SUBSYSTEM APPLICATION FUNCTION CODE (AFC)	
I. IF FOR CONTRACTOR, OR IF TEMPORARY ACCESS, SHOW EXPIRATION DATE (Month, day, year)		J. EMPLOYER (For Contractor or Other Government Organization)	
K. OFFICE ADDRESS (Street, City, State, Zip Code, for Contractor or Other Government Organization)			
NOTE: See reverse for instructions.			
3. FUNCTIONAL TASKS			
CHECK APPROPRIATE BOX		FUNCTIONAL TASK CODES	CONCURRING SYSTEM MANAGER OF RECORD (SMR) DESIGNEE SIGNATURE & TITLE (If required)
ADD	DELETE		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
4. SIGNATURES			
REQUESTING OFFICIAL & TITLE			DATE
APPROVING OFFICIAL & TITLE			DATE
SECOND APPROVING OFFICIAL & TITLE (If required)			DATE
FACILITY POINT OF CONTACT			DATE

VA FORM
JUL 1997(R) **9957**

Department of Veterans Affairs

VA Privacy Statement

I am aware of the regulations and facility automated information system (AIS) security policies designed to ensure the confidentiality of all sensitive information. I am aware that information about patients or employees is confidential and protected from unauthorized disclosure by law. Improper disclosure of information to anyone not authorized to receive it may result in criminal charges and a fine from \$5,000 - \$20,000 under the Privacy Act of 1974, 5 U.S.C. 552a, and 38 U.S.C. Sections 5701 (Confidential Nature of Claims) and 7332 (Confidentiality of Certain Medical Records). I understand that my obligation to protect VA information does not end with either the termination of my access to national databases or with the termination of my government employment.

Requestor name and title--typed or printed – First and Last)

(Company/Organization)

(Street Address)

(City, State and ZIP Code)

/

(Phone Number--Including Area Code)

(Signature)

(Date)

Appendix B: Values for Selected Variables/Codes

The variables used in DSS datasets are defined using the same value formats used in other VA datasets. For the readers' convenience, we include tables of variable values from VIREC guidebooks to the VA medical SAS extracts.

Table B1: Values for the Treating Specialty (Bedsection) Variable

Values for **DBEDSECT** (discharge bedsection), **TRTSP** (treating specialty), and **TRTSP_C** (treating specialty label) all refer to the VA bedsection codes, which can assume the following values:

Value	Description
1	Allergy
2	Cardiology
3	Pulmonary Tuberculosis (TB)
4	Pulmonary Non-TB
5	Gerontology
6	Dermatology
7	Endocrinology
8	Gastroenterology
9	Hematology / Oncology
10	Neurology
11	Epilepsy Center
12	Medical Intensive Care Unit
14	Metabolic
15	General (Acute) Medicine
16	Cardiac Step Down
17	Telemetry
19	Neurology Off Board Server (OBS)
20	Rehabilitation Medicine
21	Blind Rehabilitation
22	Spinal Cord Injury
25	Psychiatric Residence Rehabilitation Treatment
27	Substance Abuse Residence Rehabilitation
29	Substance Abuse Compensated Work Therapy (CWT) / Trans
31	Geriatric Evaluation and Management (GEM) Acute Medicine
32	GEM Intermediate
33	GEM Psychiatry
34	GEM Neurology
35	GEM Rehabilitation
36	Blind Rehabilitation OBS
37	Domiciliary Care for Homeless Veterans (DCHV)
38	Post Traumatic Stress Disorder (PTSD) / CWT / TR
39	General CWT / TR
40	Intermediate Medicine

Value	Description
41	Rehabilitation Medicine OBS
50	Surgery (General)
51	Gynecology
52	Neurosurgery
53	Ophthalmology
54	Orthopedic
55	Ear, Nose, & Throat
56	Plastic Surgery
57	Proctology
58	Thoracic Surgery
59	Urology
60	Oral Surgery
61	Podiatry
62	Peripheral Vascular
63	Surgical Intensive Care Unit
65	Surgical OBS
70	Acute Psychiatry
71	Long-Term Psychiatry
72	Alcohol Dependency – High Intensity
73	Drug Dependency – High Intensity
74	Substance Abuse – High Intensity
75	Halfway House
76	Psychiatric Medically Infirm
77	Psychiatric Residence Rehabilitation
79	Special Inpatient PTSD Unit
80	Nursing Home Care
81	GEM Nursing Home Care Unit (NHCU)
83	Respite Care
84	Psychiatric Substance Abuse (Intermediate Care)
85	Domiciliary
86	Domiciliary Substance Abuse
87	GEM Domiciliary
88	Domiciliary PTSD
89	Sustained Treatment and Rehabilitation (STAR) I, II, & III Programs
90	Substance Abuse Star I, II, & III
91	Evaluation / Brief Treatment PTSD
92	Psychiatry – General Intervention
93	High Intensity General Psychiatry - Inpatient
94	Psychiatric OBS
95	Intermediate Care LTC
96	NHCU – Hospice Long-Term Care
98	Non-Department of Defense (DOD) Beds
99	DOD Beds

Table B2: Values for Discharge Disposition (DIS_DISPO)

Variable Value	Description (Formatted Value)
1	REG
2	NON-BED CARE
4	IRREG
5	TRANS TO HOSP
6	DEATH-AUTOPSY
7	DEATH NO AUTOP

Table B3: Values for Discharge Location (DIS_PLACE)

Variable Value	Description (Formatted Value)
0	VA HOSP
1	MIL HOSP
2	OTHER FED HOSP
3	OTHER GOVT HOSP
4	COMM HOSP
5	VA NURSING HOME
7	COMM NURS.HOME
-1	COMMUNITY
-2	DEATH
-3	IRREGULAR
11	STATE HOME NURS
12	VA DOMICILIARY
13	STATE HOME DOM
15	FOSTER HOME
16	HALFWAY HOUSE
17	BOARDING HOUSE
19	PENAL INSTITUTE
20	RES HOTEL/RESID
21	OTHER PLACEMENT
22	VA-PD HOME/COMM
25	HOM-BAS PRI CAR
27	SCI HCU PROGRAM
29	RESPIRE
30	HOSPICE
34	MCARE HOME HLTH
35	OTH-AG HOM HLTH

Table B4: Values for Enrollment Priority (ENRLPTY)

Value	Description
1	Veterans with service-connected disabilities rated 50 percent or more disabling.
2	Veterans with service-connected conditions rated 30 to 49 percent disabling.
3	<p>Veterans who are former POWs</p> <p>Veterans awarded the Purple Heart</p> <p>Veterans with service-connected disabilities rated 10 to 29 percent disabling.</p> <p>Veterans discharged from active duty for a disability incurred or aggravated in the line of duty</p> <p>Veterans awarded special eligibility classification under 38 U.S.C., Section 1151, “benefits for individuals disabled by treatment or vocational rehabilitation.”</p>
4	<p>Veterans who are receiving aid and attendance or housebound benefits.</p> <p>Veterans who have been determined by VA to be catastrophically disabled.</p>
5	<p>Non-service-connected veterans and non-compensable service-connected veterans rated 0 percent disabled whose annual income and net worth are below the established VA Means Test thresholds.</p> <p>Veterans receiving VA pension benefits.</p> <p>Veterans eligible for Medicaid benefits.</p>
6	<p>All other eligible veterans who are not required to make co-payments for their care, including:</p> <p>World War I veterans.</p> <p>Mexican Border War veterans.</p> <p>Veterans solely seeking care for disorders associated with:</p> <p>Exposure to herbicides while serving in Vietnam; or</p> <p>Exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Naasaki; or</p> <p>For disorders associated with service in the Gulf War;</p> <p>For any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998; or</p> <p>Compensable zero percent service-connected veterans.</p>
7	<p>Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index.</p> <p>Subpriority a: Noncompensable 0 percent service-connected veterans who were enrolled in the VA Health Care System on a specified date and who remained enrolled since that date. (Also known as 7-1 or 7a)</p> <p>Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date. (Also known as 7-2 or 7c)</p> <p>Subpriority e: Noncompensable 0 percent service-connected veterans not included in Subpriority a above.</p> <p>Subpriority g: Nonservice-connected veterans not included in Subpriority c above.</p>

Value	Description
8	<p>Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index.</p> <p>Subpriority a: Noncompensable 0 percent service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date. (Also known as 8-1 or 8a)</p> <p>Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date. (Also known as 8-2 or 8c)</p> <p>Subpriority e: Noncompensable 0 percent service-connected veterans applying for enrollment after January 16, 2003.</p> <p>Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003.</p>
11	A non-veteran.
90	A veteran who is not enrolled and therefore, does not have a priority level.

Table B5: Values for Provider Type Variables

The type of providers is identified by a codes. These same set of codes is used to identify provider type (PIDT_DSS), primary care provider type (PCPT_DSS), associate primary care provider type A_PCPTYP, and primary care provider type (PCPTYP).

Value	Description
010000	Behavioral health and social services
010100	Behavioral health and social services; social worker; clinical
010200	Behavioral health and social services; counselor
010201	Behavioral health and social services; counselor; addiction (substance use disorder)
010202	Behavioral health and social services; marriage & family therapist
010203	Behavioral health and social services; counselor; mental health
010204	Behavioral health and social services; counselor; pastoral
010205	Behavioral health and social services; counselor; professional
010206	Behavioral health and social services; counselor; school
010300	Behavioral health and social services; psychoanalyst
010301	Behavioral health and social services; psychoanalyst; affiliate
010302	Behavioral health and social services; psychoanalyst; associate
010400	Behavioral health and social services; psychologist
010401	Behavioral health and social services; psychologist; behavioral
010402	Behavioral health and social services; neuropsychologist; clinical
010403	Behavioral health and social services; psychologist; clinical
010404	Behavioral health and social services; psychologist; counseling
010405	Behavioral health and social services; psychologist; family
010406	Behavioral health and social services; psychologist; forensic
010407	Behavioral health and social services; psychologist; health
010408	Behavioral health and social services; psychologist; school
010409	Behavioral health and social services; psychologist; addiction (substance use disorder)
010410	Behavioral health and social services; psychologist; adult development & aging
010411	Behavioral health and social services; psychologist; child, youth & family
010412	Behavioral health and social services; psychologist; educational
010413	Behavioral health and social services; psychologist; exercise & sports
010415	Behavioral health and social services; psychologist; mental retardation & developmental disability
010416	Behavioral health and social services; psychologist; psychotherapy
010418	Behavioral health and social services; psychologist; rehabilitation
010419	Behavioral health and social services; psychologist; women
010500	Behavioral health and social services; social worker; school
010600	Behavioral health and social services; social worker
020200	Chiropractor; chiropractor; neurology
030000	Dental services
030100	Dental services; dental assistant
030200	Dental services; dental hygienist
030300	Dental services; dental resident
030400	Dental services; dental laboratory technician
030500	Dental services; dentist
030501	Dental services; dentist; endodontics
030502	Dental services; dentist
030503	Dental services; dentist; surgery, oral & maxillofacial

Value	Description
030504	Dental services; dentist; surgery, oral & maxillofacial
030505	Dental services; dentist; orthodontics
030506	Dental services; dentist; pediatrics dentistry (pedodontics)
030507	Dental services; dentist; periodontics
030508	Dental services; dentist; prosthodontics
030509	Dental services; dentist; dental public health
040000	Dietary and nutritional services
040100	Dietary and nutritional services; dietary manager; dietary management
040200	Dietary and nutritional services; dietary and nutritional services; dietetic, technician
040300	Dietary and nutritional services; nutritionist
040301	Dietary and nutritional services; nutritionist; nutrition education
040400	Dietary and nutritional services; dietary and nutritional services; dietician, registered
040401	Dietary and nutritional services; dietitian, registered; nutrition, metabolic
040402	Dietary and nutritional services; dietitian, registered; nutrition, pediatric
040403	Dietary and nutritional services; dietitian, registered; nutrition, renal
050100	Emergency medical services; emergency medical technician, basic
050200	Emergency medical services; emergency medical technician, intermediate
060000	Eye and vision services
060100	Eye and vision services; technician/technologist; contact lens fitter
060200	Eye and vision services; technician/technologist; contact lens
060300	Eye and vision services; technician/technologist; ocularist
060400	Eye and vision services; technician/technologist; ophthalmic medical assistant
060500	Eye and vision services; technician/technologist; ophthalmic
060600	Eye and vision services; technician/technologist; optician
060700	Eye and vision services; optometric assistant/technician
060701	Eye and vision services; technician/technologist; optometric assistant
060702	Eye and vision services; technician/technologist; optometric technician
060800	Eye and vision services; optometrist
060802	Eye and vision services; optometrist; low vision
060803	Eye and vision services; optometrist; occupational vision
060804	Eye and vision services; optometrist; pediatric
060806	Eye and vision services; optometrist; vision therapy
060900	Eye and vision services; technician/technologist; orthoptist
070000	Nursing services
070101	Nursing services; registered nurse; psychiatric/mental health, adult
070105	Nursing services; clinical specialist; medical
070200	Nursing services; nurse anesthetist (CRNA)
070300	Nursing services; nurse massage therapist (NMT)
070500	Nursing services; nurse practitioner
070501	Nursing services; nurse practitioner; adult nurse practitioner
070502	Nursing services; nurse practitioner; family nurse practitioner
070503	Nursing services; nurse practitioner; gerontological nurse practitioner
070600	Nursing services; registered nurse; administrator
070800	Nursing services; other nursing services (non-RN's)
070802	Nursing services; other nursing services (non-RN's); graduate nurse
070804	Nursing services; licensed practical nurse
070805	Nursing services; licensed vocational nurse
070806	Nursing services; other nursing services (non-RN's); nurses aide
070900	Nursing services; registered nurse
070901	Nursing services; registered nurse; addiction (substance use disorder)

Value	Description
070902	Nursing services; registered nurse; post
070903	Nursing services; registered nurse; women health care, ambulatory
070904	Nursing services; registered nurse; cardiac rehabilitation
070905	Nursing services; registered nurse; case management
070906	Nursing services; registered nurse; college health
070907	Nursing services; registered nurse; community health
070908	Nursing services; registered nurse; continence care
070909	Nursing services; registered nurse; critical care medicine
070910	Nursing services; registered nurse; diabetes educator
070911	Nursing services; registered nurse; emergency
070912	Nursing services; registered nurse; enterstomal therapy
070914	Nursing services; registered nurse; gastroenterology
070915	Nursing services; registered nurse; general practice
070916	Nursing services; registered nurse; gerontology
070917	Nursing services; registered nurse; hemodialysis
070919	Nursing services; registered nurse; home health
070920	Nursing services; registered nurse; hospice
070921	Nursing services; registered nurse; infection control
070923	Nursing services; registered nurse; intravenous therapy
070924	Nursing services; registered nurse; lactation consultant
070926	Nursing services; registered nurse; maternal newborn
070927	Nursing services; registered nurse; medical
070928	Nursing services; registered nurse; neonatal intensive care
070929	Nursing services; registered nurse; nephrology
070930	Nursing services; registered nurse; neuroscience
070931	Nursing services; registered nurse; continuing education/staff development
070932	Nursing services; registered nurse; nutrition support
070933	Nursing services; registered nurse; occupational health
070934	Nursing services; registered nurse; oncology
070935	Nursing services; registered nurse; operating room
070936	Nursing services; registered nurse; ophthalmic
070937	Nursing services; registered nurse; orthopaedic
070938	Nursing services; registered nurse; ostomy care
070939	Nursing services; registered nurse; otorhinolaryngology & head
070940	Nursing services; registered nurse; pain management
070944	Nursing services; registered nurse; dialysis, peritoneal
070945	Nursing services; registered nurse; surgery, plastic
070946	Nursing services; registered nurse; post
070947	Nursing services; registered nurse; psychiatric/mental health
070948	Nursing services; registered nurse; rehabilitation
070949	Nursing services; registered nurse; reproductive endocrinology/infertility
070950	Nursing services; registered nurse; school
070951	Nursing services; registered nurse; urology
070952	Nursing services; registered nurse; wound care
080000	Other services
080100	Other services; acupuncturist
080200	Other services; driver
080201	Other services; driver; paid driver
080500	Other services; contractor; home modifications
080700	Other services; homeopath

Value	Description
081000	Other services; midwife, lay (non-nurse)
081100	Other services; naturopath
081300	Other services; other (as specified)
081800	Other services; legal medicine
081900	Other services; specialist
081903	Other services; specialist; research data abstracter/coder
081904	Other services; specialist; research study
081905	Other services; specialist; prosthetics case management
082001	Other services; veterinarian; medical research
090000	Pharmacy services
090100	Pharmacy services; pharmacist
090101	Pharmacy services; pharmacist; general practice
090102	Pharmacy services; pharmacist; nuclear pharmacy
090103	Pharmacy services; pharmacist; nutrition support
090104	Pharmacy services; pharmacist; pharmacotherapy
090105	Pharmacy services; pharmacist; psychopharmacy
090200	Pharmacy services; technician; pharmacy
100000	Physician assistants & advanced practice nursing; physician assistant
100100	Physician assistants & advanced practice nursing; physician assistant; medical
100200	Physician assistants & advanced practice nursing; physician assistant; surgical
100300	Physician assistants & advanced practice nursing; clinical nurse specialist
100301	Physician assistants & advanced practice nursing; clinical nurse specialist; adult care
100302	Physician assistants & advanced practice nursing; clinical nurse specialist; adult health
100303	Physician assistants & advanced practice nursing; clinical nurse specialist; chronic care
100304	Physician assistants & advanced practice nursing; clinical nurse specialist; community health/public health
100305	Physician assistants & advanced practice nursing; clinical nurse specialist; critical care medicine
100306	Physician assistants & advanced practice nursing; clinical nurse specialist; emergency
100308	Physician assistants & advanced practice nursing; clinical nurse specialist; family health
100309	Physician assistants & advanced practice nursing; clinical nurse specialist; gerontology
100311	Physician assistants & advanced practice nursing; clinical nurse specialist; home health
100312	Physician assistants & advanced practice nursing; clinical nurse specialist; informatics
100313	Physician assistants & advanced practice nursing; clinical nurse specialist; long-term care
100314	Physician assistants & advanced practice nursing; clinical nurse specialist; medical
100317	Physician assistants & advanced practice nursing; clinical nurse specialist; neuroscience
100319	Physician assistants & advanced practice nursing; clinical nurse specialist; oncology
100321	Physician assistants & advanced practice nursing; clinical nurse specialist; pediatrics
100323	Physician assistants & advanced practice nursing; clinical nurse specialist; perioperative
100324	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health
100325	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, adult
100326	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health child & adult
100327	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, child & adult
100328	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, chronic illness

Value	Description
100329	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, communi
100330	Physician assistants & advanced practice nursing; clinical nurse specialist; psychiatric/mental health, geropsy
100331	Physician assistants & advanced practice nursing; clinical nurse specialist; rehabilitation
100333	Physician assistants & advanced practice nursing; clinical nurse specialist; school
100335	Physician assistants & advanced practice nursing; clinical nurse specialist; women's health
100400	Physician assistants & advanced practice nursing; midwife, certified
100500	Physician assistants & advanced practice nursing; nurse anesthetist, certified registered
100600	Physician assistants & advanced practice nursing; nurse practitioner
100601	Physician assistants & advanced practice nursing; nurse practitioner; acute care
100602	Physician assistants & advanced practice nursing; nurse practitioner; adult health
100603	Physician assistants & advanced practice nursing; nurse practitioner; community health
100604	Physician assistants & advanced practice nursing; nurse practitioner; critical care medicine
100605	Physician assistants & advanced practice nursing; nurse practitioner; family
100606	Physician assistants & advanced practice nursing; nurse practitioner; gerontology
100607	Physician assistants & advanced practice nursing; nurse practitioner; neonatal
100608	Physician assistants & advanced practice nursing; nurse practitioner; neonatal; critical care
100609	Physician assistants & advanced practice nursing; nurse practitioner; obstetrics & gynecology
100610	Physician assistants & advanced practice nursing; nurse practitioner; occupational health
100612	Physician assistants & advanced practice nursing; nurse practitioner; pediatrics: acute care
100613	Physician assistants & advanced practice nursing; nurse practitioner; pediatrics: critical care
100614	Physician assistants & advanced practice nursing; nurse practitioner; perinatal
100615	Physician assistants & advanced practice nursing; nurse practitioner; primary care
100616	Physician assistants & advanced practice nursing; nurse practitioner; psychiatric/mental health
100617	Physician assistants & advanced practice nursing; nurse practitioner; school
100618	Physician assistants & advanced practice nursing; nurse practitioner; women's health
110000	Physicians (MD and DO); physician/osteopath
110100	Physicians (MD and DO); physician/osteopath; addiction medicine
110200	Physicians (MD and DO); physician/osteopath; allergy
110300	Physicians (MD and DO); physician/osteopath; allergy & immunology
110301	Physicians (MD and DO); physician/osteopath; immunology, cli & lab, allergy & immunology
110400	Physicians (MD and DO); physician/osteopath; anesthesiology
110401	Physicians (MD and DO); physician/osteopath; critical care medicine; anesthesia
110500	Physicians (MD and DO); physician/osteopath; body imaging
110600	Physicians (MD and DO); physician/osteopath; cardiology
110700	Physicians (MD and DO); physician/osteopath; dermatology
110701	Physicians (MD and DO); physician/osteopath; immunology, clin & lab dermatological
110702	Physicians (MD and DO); physician/osteopath; dermatopathology; dermatology
110800	Physicians (MD and DO); physician/osteopath; emergency medicine
110801	Physicians (MD and DO); physician/osteopath; toxicology, medical; emergency medicine
110803	Physicians (MD and DO); physician/osteopath; sports medicine; emergency medicine
110900	Physicians (MD and DO); physician/osteopath; family practice
110901	Physicians (MD and DO); physician/osteopath; geriatric medicine; family practice
110902	Physicians (MD and DO); physician/osteopath; sports medicine; family practice
111000	Physicians (MD and DO); physician/osteopath; general practice
111100	Physicians (MD and DO); physician/osteopath; geriatric medicine; general practice

Value	Description
111200	Physicians (MD and DO); physician/osteopath; hematology & oncology
111300	Physicians (MD) and osteopaths (DO); intern, allopathic
111400	Physicians (MD) and osteopaths (DO); intern, osteopathic
111500	Physicians (MD and DO); physician/osteopath; internal medicine
111501	Physicians (MD and DO); physician/osteopath; adolescent medicine; internal medicine
111502	Physicians (MD and DO); physician/osteopath; cardiac electrophysiology
111503	Physicians (MD and DO); physician/osteopath; cardiovascular disease
111504	Physicians (MD and DO); physician/osteopath; immunology, clin & lab internal medicine
111505	Physicians (MD and DO); physician/osteopath; critical care medicine; internal medicine
111506	Physicians (MD and DO); physician/osteopath; endocrinology, diabetes and metabolism
111507	Physicians (MD and DO); physician/osteopath; gastroenterology
111508	Physicians (MD and DO); physician/osteopath; geriatric medicine; internal medicine
111509	Physicians (MD and DO); physician/osteopath; hematology; internal medicine
111510	Physicians (MD and DO); physician/osteopath; infectious disease
111511	Physicians (MD and DO); physician/osteopath; oncology, medicine
111512	Physicians (MD and DO); physician/osteopath; nephrology
111513	Physicians (MD and DO); physician/osteopath; pulmonary disease
111514	Physicians (MD and DO); physician/osteopath; pulmonary medicine
111515	Physicians (MD and DO); physician/osteopath; rheumatology
111516	Physicians (MD and DO); physician/osteopath; sports medicine; internal medicine
111520	Physicians (MD and DO); physician/osteopath; internal medicine; peripheral vascular
111600	Physicians (MD and DO); physician/osteopath; laboratory medicine
111800	Physicians (MD and DO); physician/osteopath; medical diseases of the chest
111900	Physicians (MD and DO); physician/osteopath; genetics, medical
111903	Physicians (MD and DO); physician/osteopath; cylogenetics, clinical
111904	Physicians (MD and DO); physician/osteopath; genetics, clinical (MD)
111905	Physicians (MD and DO); physician/osteopath; genetics, clinical molecular
112100	Physicians (MD and DO); physician/osteopath; neurology
112200	Physicians (MD and DO); physician/osteopath; neurology, child
112300	Physicians (MD and DO); physician/osteopath; neuroradiology
112400	Physicians (MD and DO); physician/osteopath; nuclear cardiology
112500	Physicians (MD and DO); physician/osteopath; nuclear imaging & therapy
112600	Physicians (MD and DO); physician/osteopath; nuclear medicine
112601	Physicians (MD and DO); physician/osteopath; nuclear medicine, in vivo & vitro
112800	Physicians (MD and DO); physician/osteopath; obstetrics
112900	Physicians (MD and DO); physician/osteopath; obstetrics & gynecology
112901	Physicians (MD and DO); physician/osteopath; critical care medicine; ob/gyn
112902	Physicians (MD and DO); physician/osteopath; oncology, gynecologic
112903	Physicians (MD and DO); physician/osteopath; maternal and fetal medicine
112904	Physicians (MD and DO); physician/osteopath; endocrinology, reproductive
113000	Physicians (MD and DO); physician/osteopath; ophthalmology
113100	Physicians (MD and DO); physician/osteopath
113200	Physicians (MD and DO); physician/osteopath; osteopathic manipulative medicine, special proficiency
113300	Physicians (MD and DO); physician/osteopath; otolaryngology
113301	Physicians (MD and DO); physician/osteopath; otology/neurotology
113302	Physicians (MD and DO); physician/osteopath; pediatric otolaryngology
113400	Physicians (MD and DO); physician/osteopath; otology
113500	Physicians (MD and DO); physician/osteopath; otorhinolaryngology

Value	Description
113600	Physicians (MD and DO); physician/osteopath; surgery, otorhinolaryngology & facial plastic surgery
113700	Physicians (MD and DO); physician/osteopath; pathology
113701	Physicians (MD and DO); physician/osteopath; pathology, anatomic & clinical
113702	Physicians (MD and DO); physician/osteopath; pathology, anatomic
113703	Physicians (MD and DO); physician/osteopath; pathology, anatomic & laboratory medicine
113704	Physicians (MD and DO); physician/osteopath; blood banking/transfusion medicine
113705	Physicians (MD and DO); physician/osteopath; pathology, chemical
113706	Physicians (MD and DO); physician/osteopath; pathology, clinical
113707	Physicians (MD and DO); physician/osteopath; cytopathology
113708	Physicians (MD and DO); physician/osteopath; dermatopathology
113709	Physicians (MD and DO); physician/osteopath; forensic pathology
113710	Physicians (MD and DO); physician/osteopath; hematology: pathology
113711	Physicians (MD and DO); physician/osteopath; immunopathology
113712	Physicians (MD and DO); physician/osteopath; medical microbiology
113713	Physicians (MD and DO); physician/osteopath; neuropathology
114000	Physicians (MD and DO); physician/osteopath; pediatric neurology
114100	Physicians (MD and DO); physician/osteopath; psychiatry, pediatric
114200	Physicians (MD and DO); physician/osteopath; pediatric
114205	Physicians (MD and DO); physician/osteopath; pediatric cardiology
114207	Physicians (MD and DO); physician/osteopath; pediatric emergency medicine
114210	Physicians (MD and DO); physician/osteopath; pediatric hematology and oncology
114212	Physicians (MD and DO); physician/osteopath; pediatric nephrology
114216	Physicians (MD and DO); physician/osteopath; sports medicine: pediatrics
114300	Physicians (MD and DO); physician/osteopath; pediatric radiology
114400	Physicians (MD and DO); physician/osteopath; pharmacology, clinical
114500	Physicians (MD and DO); physician/osteopath; physical medicine & rehabilitation
114600	Physicians (MD and DO); physician/osteopath; preventive medicine, general
114601	Physicians (MD and DO); physician/osteopath; aerospace medicine; preventive medicine
114602	Physicians (MD and DO); physician/osteopath; toxicology, medical; preventive medicine
114603	Physicians (MD and DO); physician/osteopath; occupational medicine; preventive medicine
114604	Physicians (MD and DO); physician/osteopath; occupational medicine
114605	Physicians (MD and DO); physician/osteopath; public health and general preventive medicine
114800	Physicians (MD and DO); physician/osteopath; psychiatry & neurology
114801	Physicians (MD and DO); physician/osteopath; psychiatry addiction
114802	Physicians (MD and DO); physician/osteopath; psychiatry child & adolescent
114803	Physicians (MD and DO); physician/osteopath; neurophysiology clinical
114804	Physicians (MD and DO); physician/osteopath; forensic psychiatry
114805	Physicians (MD and DO); physician/osteopath; psychiatry geriatric
114806	Physicians (MD) and osteopaths (DO); psychiatry and neurology; neurology
114808	Physicians (MD and DO); physician/osteopath; psychiatry
114900	Physicians (MD and DO); physician/osteopath; psychiatry, child
115000	Physicians (MD) and osteopaths (DO); psychoanalysis
115100	Physicians (MD and DO); physician/osteopath; radiation therapy
115200	Physicians (MD and DO); physician/osteopath; pathology, radioisotopic
115300	Physicians (MD and DO); physician/osteopath; radiology
115301	Physicians (MD and DO); physician/osteopath; radiology, diagnostic
115302	Physicians (MD and DO); physician/osteopath; nuclear radiology
115304	Physicians (MD and DO); physician/osteopath; radiation oncology

Value	Description
115305	Physicians (MD and DO); physician/osteopath; radiological physics
115306	Physicians (MD) and osteopaths (DO); radiology; radiology
115307	Physicians (MD and DO); physician/osteopath; radiology, vascular & interventional
115400	Physicians (MD and DO); physician/osteopath; rehabilitation medicine
115500	Physicians (MD) and osteopaths (DO); resident, allopathic
115600	Physicians (MD) and osteopaths (DO); resident, osteopathic
115700	Physicians (MD) and osteopaths (DO); surgery
115701	Physicians (MD and DO); physician/osteopath; surgery, general vascular
115702	Physicians (MD) and osteopaths (DO); surgery; oncology
115704	Physicians (MD and DO); physician/osteopath; surgery, hand
115705	Physicians (MD and DO); physician/osteopath; surgical critical care; surgery
115800	Physicians (MD and DO); physician/osteopath; surgery, cardiovascular
115900	Physicians (MD and DO); physician/osteopath; surgery, colon & rectal surgery
116000	Physicians (MD and DO); physician/osteopath; dermatology micrographic surgery
116100	Physicians (MD and DO); physician/osteopath; surgery, general
116200	Physicians (MD and DO); physician/osteopath; surgery, head & neck
116300	Physicians (MD) and osteopaths (DO); surgery, maxillofacial
116400	Physicians (MD and DO); physician/osteopath; surgery, neurological
116500	Physicians (MD and DO); physician/osteopath; surgery, obstetric & gynecologic
116600	Physicians (MD and DO); physician/osteopath; surgery, orthopedic
116700	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, adult reconstructive
116800	Physicians (MD and DO); physician/osteopath; surgery, hand; orthopedic surgery
116900	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, musculoskeletal oncology
117000	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, pediatric
117100	Physicians (MD and DO); physician/osteopath; surgery, orthopedic, spine
117400	Physicians (MD and DO); physician/osteopath; surgery, plastic
117401	Physicians (MD and DO); physician/osteopath; surgery, hand; plastic surgery
117500	Physicians (MD and DO); physician/osteopath; surgery, plastic & reconstructive
117700	Physicians (MD and DO); physician/osteopath; surgery, thoracic
117800	Physicians (MD and DO); physician/osteopath; surgery, thoracic cardiovascular
117900	Physicians (MD and DO); physician/osteopath; surgery, traumatic
118000	Physicians (MD and DO); physician/osteopath; surgery, urological
118100	Physicians (MD and DO); physician/osteopath; ultrasound, diagnostic
118200	Physicians (MD and DO); physician/osteopath; urology
118302	Physicians (MD and DO); physician/osteopath; adolescent medicine; family practitioner
118304	Physicians (MD and DO); physician/osteopath; allergy & immunology; internal medicine
118307	Physicians (MD and DO); physician/osteopath; age specific, greater than 1 year old
118310	Physicians (MD and DO); physician/osteopath; cardiac electrophysiology, clinical
118313	Physicians (MD and DO); physician/osteopath; endocrinology
118314	Physicians (MD and DO); physician/osteopath; geriatric medicine
118315	Physicians (MD and DO); physician/osteopath; gynecology
118316	Physicians (MD and DO); physician/osteopath; hematology
118318	Physicians (MD and DO); physician/osteopath; immunology, dermatological
118325	Physicians (MD and DO); physician/osteopath; pain medicine
118326	Physicians (MD and DO); physician/osteopath; radiology, angiography & interventional
118327	Physicians (MD and DO); physician/osteopath; radiology, therapeutic
118331	Physicians (MD and DO); physician/osteopath; roentgenology, diagnostic
118337	Physicians (MD and DO); physician/osteopath; occupational medicine
118339	Physicians (MD and DO); physician/osteopath; otorhinolaryngology & head

Value	Description
118340	Physicians (MD and DO); physician/osteopath; otorhinolaryngology & head
120000	Podiatric medicine and surgery
120100	Podiatric medicine and surgery services; assistant, podiatric
120200	Podiatric medicine and surgery services; podiatrist
120202	Podiatric medicine and surgery; podiatrist; foot and ankle orthopaedics/biomechanics
120204	Podiatric medicine and surgery services; podiatrist; surgery, foot & ankle
120205	Podiatric medicine and surgery services; podiatrist; surgery, foot
120206	Podiatric medicine and surgery services; podiatrist; general practice
120208	Podiatric medicine and surgery; podiatrist; podiatric orthopedics
120209	Podiatric medicine and surgery services; podiatrist; primary podiatric medicine
130000	Respiratory, rehabilitative and restorative s
130100	Respiratory, rehabilitative and restorative services; occupational therapist
130101	Respiratory, rehabilitative and restorative services; occupational therapist assistant
130102	Respiratory, rehabilitative and restorative services; occupational therapist; hand
130103	Respiratory, rehabilitative and restorative services; occupational therapist; registered occupational therapist
130104	Respiratory, rehabilitative and restorative services; occupational therapist; case management
130105	Respiratory, rehabilitative and restorative services; occupational therapist; ergonomics
130106	Respiratory, rehabilitative and restorative services; occupational therapist; human factors
130107	Respiratory, rehabilitative and restorative services; occupational therapist; neurorehabilitation
130109	Respiratory, rehabilitative and restorative services; occupational therapist; rehabilitation, driver
130200	Respiratory, rehabilitative and restorative services; other
130201	Respiratory, rehabilitative and restorative services; art therapist
130202	Respiratory, rehabilitative and restorative services; specialist/technologist; athletic trainer
130204	Respiratory, rehabilitative and restorative services; massage therapist
130205	Respiratory, rehabilitative and restorative services; music therapist
130206	Respiratory, rehabilitative and restorative services; specialist/technologist; rehabilitation, blind
130207	Respiratory, rehabilitative and restorative services; orthotics/prosthetics fitter
130208	Respiratory, rehabilitative and restorative services; other; orthotist
130209	Respiratory, rehabilitative and restorative services; recreation therapist
130210	Respiratory, rehabilitative and restorative services; other; rehabilitation coordinator
130212	Respiratory, rehabilitative and restorative services; other; vocational specialist
130213	Respiratory, rehabilitative and restorative services; orthotist
130214	Respiratory, rehabilitative and restorative services; prosthetist
130300	Respiratory, rehabilitative and restorative services; physical therapist
130301	Respiratory, rehabilitative and restorative services; physical therapist; cardiopulmonary
130302	Respiratory, rehabilitative and restorative services; physical therapist; electrophysiology, clinical
130303	Respiratory, rehabilitative and restorative services; physical therapist; geriatric
130304	Respiratory, rehabilitative and restorative services; physical therapist; hand
130305	Respiratory, rehabilitative and restorative services; physical therapist; neurology
130306	Respiratory, rehabilitative and restorative services; physical therapist; orthopaedic
130307	Respiratory, rehabilitative and restorative services; physical therapist; pediatrics
130308	Respiratory, rehabilitative and restorative services; physical therapist assistant
130309	Respiratory, rehabilitative and restorative services; physical therapist; sports
130310	Respiratory, rehabilitative and restorative services; physical therapist; case management
130311	Respiratory, rehabilitative and restorative services; physical therapist; ergonomics

Value	Description
130400	Respiratory, rehabilitative and restorative services; rehabilitation practitioner
130404	Respiratory, rehabilitative and restorative services; rehabilitation counselor
130405	Respiratory, rehabilitative and restorative services; rehabilitation practitioner; rehabilitation intern
130406	Respiratory, rehabilitative and restorative services; rehabilitation counselor; assistive technology practitioner
130407	Respiratory, rehabilitative and restorative services; rehabilitation counselor; assistive technology supplier
130501	Respiratory, rehabilitative and restorative services; respiratory care practitioner; certified respiratory therapy technologist
130504	Respiratory, rehabilitative and restorative services; respiratory care practitioner; inhalation therapist
130506	Respiratory, rehabilitative and restorative services; pulmonary function technologist
130507	Respiratory, rehabilitative and restorative services; respiratory care practitioner; registered respiratory therapist
130508	Respiratory, rehabilitative and restorative services; respiratory therapist
130511	Respiratory, rehabilitative and restorative services; respiratory therapist; perinatal
130513	Respiratory, rehabilitative and restorative services; respiratory therapist
130600	Respiratory, rehabilitative and restorative services; kinesiotherapist
140000	Speech, language and hearing services
140100	Speech, language and hearing services; audiologist
140101	Speech, language and hearing services; audiologist; assistive technology practitioner
140102	Speech, language and hearing services; audiologist; assistive technology supplier
140200	Speech, language and hearing services; audiologist
140300	Speech, language and hearing services; hearing instrument specialist
140400	Speech, language and hearing services; speech and hearing therapist
140500	Speech, language and hearing services; speech
140600	Speech, language and hearing services; specialist/technologist; speech/language assistant
140701	Speech, language and hearing services; specialist/technologist; audiology assistant
150000	Technologists, technicians & other technical
150100	Technologists, technicians & other technical; clinical pathology
150104	Technologists, technicians & other technical; specialist/technologist, pathology; laboratory management, diplomate
150105	Technologists, technicians & other technical; specialist/technologist, pathology; hemapheresis practitioner
150106	Technologists, technicians & other technical; technician, pathology; histology
150107	Technologists, technicians & other technical; specialist/technologist, pathology; histology
150108	Technologists, technicians & other technical; technician, pathology; medical laboratory
150109	Technologists, technicians & other technical; specialist/technologist, pathology; medical technologist
150110	Technologists, technicians & other technical; technician, pathology; phlebotomy
150111	Technologists, technicians & other technical; specialist/technologist, pathology; blood banking
150112	Technologists, technicians & other technical; specialist/technologist, pathology; chemistry
150113	Technologists, technicians & other technical; specialist/technologist, pathology; cytotechnology
150114	Technologists, technicians & other technical; specialist/technologist, pathology; hematology
150115	Technologists, technicians & other technical; specialist/technologist, pathology; microbiology

Value	Description
150119	Technologists, technicians & other technical; specialist/technologist, pathology; immunology
150200	Technologists, technicians & other technical; clinical services
150201	Technologists, technicians & other technical; specialist/technologist, pathology; biomedical engineering
150202	Technologists, technicians & other technical; technician, other; biomedical engineering
150203	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular: invasive technology
150204	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiology
150205	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiopulmonary
150206	Technologists, technicians & other technical; clinical services; cardiothoracic technician
150207	Technologists, technicians & other technical; specialist/technologist, cardiology; perfusionist
150208	Technologists, technicians & other technical; technician, cardiology; ECG
150209	Technologists, technicians & other technical; technician, other; EEG
150210	Technologists, technicians & other technical; specialist/technologist, other; EEG
150211	Technologists, technicians & other technical; specialist/technologist, other; electroneurodiagnostic
150212	Technologists, technicians & other technical; specialist/technologist, other; graphics methods
150214	Technologists, technicians & other technical; specialist/technologist, other; geneticist, medical (PhD)
150215	Technologists, technicians & other technical; clinical services; pulmonary clinician
150216	Technologists, technicians & other technical; technician, other; renal dialysis
150218	Technologists, technicians & other technical; specialist/technologist, other; surgical
150219	Technologists, technicians & other technical; clinical services; ultrasound technologist
150220	Technologists, technicians & other technical; clinical services
150221	Technologists, technicians & other technical; clinical services
150300	Technologists, technicians & other technical; radiologic sciences
150301	Technologists, technicians & other technical; radiologic technologist; cardiovascular
150302	Technologists, technicians & other technical; radiologic sciences; computed tomography technologist
150303	Technologists, technicians & other technical; technician, other; darkroom
150304	Technologists, technicians & other technical; specialist/technologist, cardiology; sonography, diagnostic cardiac
150305	Technologists, technicians & other technical; radiologic sciences; diagnostic imaging operation tech
150306	Technologists, technicians & other technical; radiologic technologist; sonography, diagnostic medical
150307	Technologists, technicians & other technical; radiologic sciences; magnetic resonance technologist
150308	Technologists, technicians & other technical; radiologic technologist; mammography; radiography
150310	Technologists, technicians & other technical; radiologic technologist; nuclear medicine technology
150311	Technologists, technicians & other technical; radiologic technologist; radiation physicist
150312	Technologists, technicians & other technical; radiologic technologist; radiation therapy
150313	Technologists, technicians & other technical; radiologic technologist; radiographer
150314	Technologists, technicians & other technical; radiologic sciences; radiologic technician
150315	Technologists, technicians & other technical; radiologic sciences; radiologic technologist

Value	Description
150316	Technologists, technicians & other technical; radiologic technologist; dosimetrist, medical
150319	Technologists, technicians & other technical; radiologic technologist; computed tomography: radiography
150320	Technologists, technicians & other technical; radiologic technologist; magnetic resonance imaging (MRI):r
150321	Technologists, technicians & other technical; radiologic technologist; magnetic resonance imaging (MRI):r
150323	Technologists, technicians & other technical; radiologic technologist; quality management; radiographer
150324	Technologists, technicians & other technical; radiologic technologist
150403	Technologists, technicians & other technical; specialist/technologist, other; biomedical photographer
150406	Technologists, technicians & other technical; specialist/technologist, other; art, medical
150410	Technologists, technicians & other technical; research; research study specialist
150414	Technologists, technicians & other technical; technician, other; veterinary
150701	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular, noninvasive technologist
150702	Technologists, technicians & other technical; specialist/technologist, cardiology; cardiovascular vascular technologist
150703	Technologists, technicians & other technical; specialist/technologist, cardiology; vascular
150801	Technologists, technicians & other technical; technician, cardiology; cardiographic
150901	Technologists, technicians & other technical; specialist/technologist, health information; coding specialist, hospital
150902	Technologists, technicians & other technical; specialist/technologist, health information; coding specialist, physician
150903	Technologists, technicians & other technical; specialist/technologist, health information; registered record administrator
151000	Technologists, technicians & other technical; specialist/technologist, other
151100	Technologists, technicians & other technical; technician, health information
151101	Technologists, technicians & other technical; technician, health information; assistant record technician
160101	Physicians (other roles); physician/osteopath; laboratory service provider
170100	Nursing service related; Christian science practitioner/nurse
170200	Nursing service related; home health aide
170300	Nursing service related; homemaker
170400	Nursing service related; nurses aide
170500	Nursing service related; nursing home administrator
170600	Nursing service related; technician; personal care attendant
170601	Nursing service related; technician

Table B6: VA Medical Center Identifiers (STA3N)

VA Medical Centers are identified by a three-digit code, the variable STA3N. This code can take the values listed in the table.

Value	Description
402	Togus
405	White River Junction
436	Fort Harrison, Montana Health Care System (HCS)
437	Fargo
438	Sioux Falls
442	Cheyenne
452	VAMC Wichita, KS
459	Honolulu
460	Wilmington
501	New Mexico Health Care System (HCS)
502	Alexandria
503	James E. Van Zandt VAMC (Altoona)
504	Amarillo Health Care System (HCS)
506	Ann Arbor Health Care System (HCS)
508	Decatur, Atlanta
509	Augusta
512	Baltimore
515	Battle Creek
516	Bay Pines
517	Beckley
518	Bedford
519	West Texas Health Care System (HCS)
520	Gulf Coast Health Care System (HCS)
521	Birmingham
523	VA Boston Health Care System (HCS) – Boston Division
526	Bronx
528	Upstate New York Health Care System (HCS)
529	Butler
531	Boise
534	Charleston
537	Chicago Health Care System (HCS)
538	Chillicothe
539	Cincinnati
540	Clarksburg
541	Cleveland – Wade Park
542	Coatesville
544	Columbia SC
546	Miami
548	West Palm Beach
549	Dallas VAMC
550	Illiani Health Care System (HCS) (Danville)

Value	Description
552	Dayton
553	Detroit (John D. Dingell)
554	Denver, Eastern Colorado Health Care System (HCS)
556	North Chicago IL
557	Dublin
558	Durham
561	East Orange, New Jersey Health Care System (HCS)
562	Erie
564	Fayetteville AR
565	Fayetteville NC
568	Fort Meade
570	Fresno, Central California Health Care System (HCS)
573	North Florida/South Georgia Health Care System (HCS) – Gainesville
575	Grand Junction
578	Hines
580	Houston
581	Huntington
583	Indianapolis
585	Iron Mountain MI
586	Jackson, G. V. (Sonny) Montgomery VAMC
589	VAMC Heartland, Kansas City
590	Hampton
593	Las Vegas, Southern Nevada Health Care System (HCS)
595	Lebanon
596	Lexington – Leestown
598	Little Rock, Central AR Veterans Health Care System (HCS)
600	Long Beach Health Care System (HCS)
603	Louisville
605	Loma Linda VAMC
607	Madison WI
608	Manchester
610	N. Indiana Health Care System (HCS) – Marion
612	NCHC Martinez
613	Martinsburg
614	Memphis
618	Minneapolis
619	Montgomery
620	Montrose, Hudson Valley Health Care System (HCS)
621	Mountain Home
623	Muskogee
626	Middle Tennessee Health Care System (HCS)
629	New Orleans
630	New York Harbor Health Care System (HCS) – NY Division
631	Northampton
632	Northport
635	Oklahoma City
636	Omaha Division – Central Plains Health Network

Value	Description
637	Asheville – Oteen
640	Palo Alto – Palo Alto
642	Philadelphia
644	Phoenix
646	Pittsburgh Health Care System (HCS) – University Dr
648	Portland
649	Northern Arizona Health Care System (HCS)
650	Providence
652	Richmond
653	Roseburg Health Care System (HCS)
654	Sierra Nevada Health Care System (HCS)
655	Saginaw
656	St Cloud
657	St Louis – John Cochran
658	Salem
659	W.G. (Bill) Hefner Salisbury VAMC
660	Salt Lake City Health Care System (HCS)
662	San Francisco
663	Seattle, Puget Sound Health Care System (HCS)
664	San Diego Health Care System (HCS)
666	Sheridan
667	Shreveport, Overton Brooks VAMC
668	Spokane
671	San Antonio VAMC
672	San Juan
673	Tampa
674	Temple VAMC
676	Tomah
678	S. Arizona Health Care System (HCS)
679	Tuscaloosa
687	Walla Walla
688	Washington
689	West Haven
691	Greater Los Angeles Health Care System (HCS)
693	Wilkes Barre
695	Milwaukee WI

Table B7: VA Regional Networks (VISNs)

The VA Regional Networks, called Veterans Integrated Service Networks (VISNs), are numbered as follows. VISN 13 and 14 were consolidated to form VISN 23 in FY02.

Value	Description
1	VA New England Healthcare System
2	VA Healthcare Network Upstate New York
3	VA NY / NJ Veterans Healthcare Network
4	VA Stars & Stripes Healthcare Network
5	VA Capitol Health Care Network
6	VA Mid-Atlantic Network
7	The Atlantic Network
8	VA Sunshine Healthcare Network
9	Mid South Veterans Healthcare Network
10	VA Healthcare System of Ohio
11	Veterans In Partnership
12	The Great Lakes Health Care System
13	VA Upper Midwest Health Care Network
14	Central Plains Health Network
15	VA Heartland Network
16	South Central VA Health Care Network
17	VA Heart of Texas Health Care Network
18	VA Southwest Healthcare Network
19	Rocky Mountain Network
20	Northwest Network
21	Sierra Pacific Network
22	Desert Pacific Healthcare Network
23	VA Midwest Health Care Network